FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J15551

(1)

CHRISAM, INC.

Principal Place of Business

Mailing Address

1909 WILLOW RUN DRIVE TALLAHASSEE FL 32312 1909 WILLOW RUN DRIVE TALLAHASSEE FL 32312-3733

FILED Feb 06 1997 8:00am Secretary of State



						1		
						3. Date incorporated or Qualified 05/21/1986	3a. Date of L 04/11/1	
2. Principal P	face of Business	2a. Mailir	ng Address			4. FEI Number		Applied For
21		26				59-2792963		Not Applicable
Suite, Apt	#, etc	Suite 27	, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required
City & Stati	ξ:	City 8	& State			6. Election Campaign Financing	\$	5.00 May Be
23		28				Trust Fund Contribution		dded to Fees
Zip	Country	Zτρ		Countr	У	8. This corporation has liability for in	yangible tax ur	nder s.: 199.032,
24	25	29		30		Florida Statutes	Yes 🗌 No	
	9. Name and Address of Curre	ent Registered	Agent			10. Name and Address of New Reg	gistered Agent	
ZIM	imerman, stephen L			B1	Name			
737 E. ATLANTIC BLVD. POMPANO BEACH FL 33060					82 Street Address (P.O. Box Number is Not Acceptable)			
					direct Address (1.0. Dex Hallings to Het Addeption)			
				8:	3			
				ļ.,	Cit.		Tani	7:- 0-4-
				84	City		FL 85	Zip Code
11. Pursuant office or ragent La	to the provisions of Sections 607.00 registered agent for both, in the Sta am familiar with, and accept the obt	502 and 607 150 te of Florida. Su gations of, Sect	08, Florida Statute ch change was a ion 607,0505, Fk	es, the abor authorized b orida Statute	re-named co by the corpora es.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of chan t the appointme	ging its registered ent as registered
SIGNATURE	Signature, typical or printed name of registered a					ured when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	3	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12
TITLE	DP		DELETE	1.1 TITLE			☐ CI	hange 🔲 Additio
NAME	COBLE, CHRISTINE M.			1.2 NAME				
STREET ADDRESS	1909 WILLOW RUN DR.			1.3 STREE	T ADORESS			
CITY - S1 - ZIP	TALLAHASSEE FL			1.4 CITY-	ST-ZIP			
TITLE			DELETE	21 TITLE			CI	hange 🔲 Additio
NAME				2.2 NAME				
STREET ADDRESS					- 1			
				2.3 STREE	T ADDRESS			
OITY: ST-ZP				3	1	4.4 4.		
CITY: \$1 - 7 F TITLE			DELETE	2 3 STREE 2. 4 City 3.1 Title	1		, CI	hange Addilio
TIFLE			DELETE	2. 4 CITY	-ST-ZIP		□ cı	hange 🔲 Addilio
TITLE NAME			DELETE	2. 4 CITY 3.1 TITLE 3.2 NAME	-ST-ZIP		, ca	hange Addilio
TITLE NAME STREET ADDRESS			DELETE	2. 4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE	- ST-ZIP	· · · · · · · · · · · · · · · · · · ·	□ cı	hange Addilio
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE DELETE	2. 4 CITY 3.1 TITLE 3.2 NAME	- ST-ZIP			
TITLE NAME STREET ADDRESS CITY+S1-ZIP TITLE				2. 4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY 4.1 TITLE	- ST-ZIP ET ADDRESS - ST-ZIP			
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME				2. 4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY 4.1 TITLE 4.2 NAM	- ST-ZIP ET ADDRESS - ST-ZIP			
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS				2. 4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STREE	ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS			
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP			DELETE	2. 4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STREE 4.4 CITY-	ST-ZIP ET ADDRESS -ST-ZIP E EI ADDRESS SI-ZIP		Cı	hange 🔲 Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				2 4 CITY 31 TITLE 32 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STREE 4.4 CITY 5.1 TITLE	ST-ZIP ET ADDRESS -ST-ZIP E EI ADDRESS ST-ZIP			hange 🔲 Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREE* ADDRESS CITY-ST-ZIP TITLE NAME			DELETE	2. 4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY 4.1 TITLE 4. 2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME	ST-ZIP ET ADDRESS -ST-ZIP E ET ADDRESS S1-ZIP		Cı	hange 🔲 Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE	2 4 CITY 31 TITLE 32 NAME 33 STREE 34 CITY 41 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREE	ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		Cı	hange 🔲 Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	2 4 CITY 31 TITLE 32 NAME 33 STREE 34 CITY 41 TITLE 42 NAME 43 STREE 44 CITY 51 TITLE 52 NAME 53 STREE 54 CITY	ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		c	hange Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	2 4 CITY 31 TITLE 32 NAME 33 STREI 34 CITY 41 TITLE 4.2 NAM 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREI 5.4 CITY- 6.1 TITLE	ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		Cı	hange Additio
TITLE NAME STREET ADDRESS CHY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	2 4 CITY 31 TITLE 32 NAME 33 STREE 34 CITY 4.1 TITLE 4.2 NAM 4.3 STREE 5.2 NAME 5.3 STREE 5.4 CITY 6.1 TITLE 6.2 NAME	ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS SI-ZIP ET ADDRESS SI-ZIP		c	hange Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	2 4 CITY 31 TITLE 32 NAME 33 STREE 34 CITY 4.1 TITLE 4.2 NAM 4.3 STREE 5.2 NAME 5.3 STREE 5.4 CITY 6.1 TITLE 6.2 NAME	ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS S1-ZIP ET ADDRESS S1-ZIP ET ADDRESS S1-ZIP		c	hange Additio

To exercise cours that the information supplied with this hing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachor of the address.

SIGNATURE

ONING OFFICER OR DIRECTOR Date

Daytime Phone #