

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

FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # J52867

1. Corporation Name

CHRISTIE OF POLK CITY Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business 21 499 Appleton Hill Rd Suite, Apt. #, etc.		2a. Mailing Address 26 PO 519 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 1-15-87		3a. Date of Last Report 5-21-96	
22 City & State 23 Polk City, FL		27 City & State 28 Polk City, FL		4. FEI Number 59-2771595		Applied For Not Applicable	
24 33868		25 USA		29 33868		30 USA	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent JAKE BEAN 315 Commonwealth Polk City, FL 33868				10. Name and Address of New Registered Agent			
61 Name				62 Street Address (P.O. Box Number is Not Acceptable)			
63				64 City			
65 FL				66 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE: <i>[Signature]</i> JAKE BEAN Date: 5-1-97							

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE PRESIDENT, DIRECTOR <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME JAKE BEAN				1.2 NAME			
1.3 STREET ADDRESS 315 Commonwealth				1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP Polk City, FL 33868				1.4 CITY-ST-ZIP			
2.1 TITLE <del>E.N. TAYLOR</del> DIRECTOR <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME E.N. TAYLOR				2.2 NAME			
2.3 STREET ADDRESS 315 Commonwealth				2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP Polk City, FL 33868				2.4 CITY-ST-ZIP			
3.1 TITLE DIRECTOR <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME CHRIS NOLLAND				3.2 NAME			
3.3 STREET ADDRESS 315 Commonwealth				3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP Polk City, FL 33868				3.4 CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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5.1 TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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5.3 STREET ADDRESS				5.3 STREET ADDRESS			
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6.1 TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME				6.2 NAME			
6.3 STREET ADDRESS				6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify 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 attachment with an address.

SIGNATURE: *[Signature]* JAKE BEAN Date: 5-1-97 941-944-0574

CR2E034 (9/96)