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Jun 22, 1999 8:00 am
Secretary of State

06-22-1999 90010 008 ****70.00
07-09-1999 90015 003 ***488.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~J75604~~ **J75604**
1. Corporation Name
CRISTEX, INC.

Principal Place of Business
19800 VETERANS BLVD - Unit 8A
PL. Charlotte, FL 33954

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **SAME**

2a. Mailing Address
26 **SAME**

4. FEI Number
59-2826794

Applied For
 Not Applicable

22 **UNIT 8A**

27 **UNIT 8A**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **PL. Charlotte, FL**

28 **PL. Charlotte, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33954** 25 **USA**

29 **33954** 30 **USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
JOHN CRISTINA
21388 EDGEWATER DR.
PL. Charlotte, FL 33954

10. Name and Address of New Registered Agent
81 Name **JOHN CRISTINA**
82 Street Address (P.O. Box Number is Not Acceptable)
21388 EDGEWATER DR.
83 **PL. Charlotte**
84 **FL** 85 Zip Code **33952**

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 officer 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 *John Cristina* DATE **6-2-99**

(NOTE: Registered Agent signature required when renewing)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	JOHN CRISTINA
STREET ADDRESS	21388 EDGEWATER DR.
CITY-ST-ZIP	PL. Charlotte, FL 33952
TITLE	<input type="checkbox"/> DELETE
NAME	SEC. / PRES. VIRGINIA CRISTINA AKA GINGER
STREET ADDRESS	21388 EDGEWATER DR.
CITY-ST-ZIP	PL. Charlotte, FL 33952
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Vice PRES. TROY A. SMITH
1.3 STREET ADDRESS	401 CHESTNUT ST.
1.4 CITY-ST-ZIP	PL. Charlotte, FL 33952
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *John Cristina* **GINGER CRISTINA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
AKA VIRGINIA

Date **6-2-99** Daytime Phone # **941-624-3866**

CR2E034 (11/98)