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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 Pt. Charlotte, FL 33954**  
Mailing Address **SAME**

2. Principal Place of Business  
21 **SAME**  
22 **UNIT 8A**  
23 **Pt. Charlotte, FL**  
24 **33954** 25 **USA**  
2a. Mailing Address  
26 **SAME**  
27 **UNIT 8A**  
28 **Pt. Charlotte, FL**  
29 **33954** 30 **USA**

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified  
4. FEI Number **59-2826794**  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
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.**  
**Pt. 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 **Pt. 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**

12. OFFICERS AND DIRECTORS  
TITLE  DELETE  
NAME **JOHN CRISTINA**  
STREET ADDRESS **21388 EDGEWATER DR.**  
CITY-ST-ZIP **Pt. Charlotte, FL 33952**  
TITLE  DELETE  
NAME **SEC. / PRES. VIRGINIA CRISTINA AKA GINGER**  
STREET ADDRESS **21388 EDGEWATER DR.**  
CITY-ST-ZIP **Pt. Charlotte, FL 33952**  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition **Vice PRES.**  
1.2 NAME **TROY A. SMITH**  
1.3 STREET ADDRESS **401 CHESTNUT ST.**  
1.4 CITY-ST-ZIP **Pt. Charlotte, FL 33952**  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  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** **6-2-99** **941-624-3866**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)