FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K52189** **(3)**

1. Corporation Name

CHRISTIE-CRAFT, INC.

Principal Place of Business

18350 PAULSON DRIVE
C-3 AND C-4
PORT CHARLOTTE FL 33954
US

Mailing Address

2299 GULFVIEW ROAD
PUNTA GORDA FL 33950

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

3. Date Incorporated or Qualified: **12/19/1988**

3a. Date of Last Report: **04/17/1995**

4. FEI Number: **65-0097227**

Applied For
Not Applicable

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 is authorized to transact business in Florida. Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

CHRISTIE, JAMES G.
2299 GULFVIEW ROAD
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0122 and 607.1505, 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 certify that the above stated registered agent is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	**DP**	[ ] DELETE
NAME	**CHRISTIE, JAMES G.**	
STREET ADDRESS	**2299 GULFVIEW RD.**	
CITY, ST, ZIP	**PUNTA GORDA FL**	
TITLE	**DV**	[ ] DELETE
NAME	**CHRISTIE, PATRICIA M.**	
STREET ADDRESS	**2299 GULFVIEW RD.**	
CITY, ST, ZIP	**PUNTA GORDA FL**	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
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 TITLE		[ ] Change [ ] Add
1 NAME		
1 STREET ADDRESS		
1 CITY, ST, ZIP		
2 TITLE		[ ] Change [ ] Add
2 NAME		
2 STREET ADDRESS		
2 CITY, ST, ZIP		
3 TITLE		[ ] Change [ ] Add
3 NAME		
3 STREET ADDRESS		
3 CITY, ST, ZIP		
4 TITLE		[ ] Change [ ] Add
4 NAME		
4 STREET ADDRESS		
4 CITY, ST, ZIP		
5 TITLE		[ ] Change [ ] Add
5 NAME		
5 STREET ADDRESS		
5 CITY, ST, ZIP		
6 TITLE		[ ] Change [ ] Add
6 NAME		
6 STREET ADDRESS		
6 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is accurate, and 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: Patricia M. Christie Patricia M. Christie 4-9-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)