

4-3-98
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 B1 & B2 PORT CHARLOTTE FL 33954 US		Mailing Address 2299 GULFVIEW ROAD PUNTA GORDA FL 33950	
2. Principal Place of Business 21 18350 PAULSON DRIVE Suite, Apt. #, etc. 22 UNITS B-1,2 City & State 23 PORT CHARLOTTE, FLORIDA Zip 24 33954 Country 25 USA		2a. Mailing Address 26 18071 WINDINGVAIL AVE. Suite, Apt. #, etc. 27 --- City & State 28 PORT CHARLOTTE, FLORIDA Zip 29 33948 Country 30 USA	
3. Date Incorporated or Qualified 12/19/1988		4. FEI Number 65-0097227 Applied For Not Applicable	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 RANDY SANDER 82 Street Address (P.O. Box Number is Not Acceptable) 18071 WINDINGVAIL AVE. 83 --- 84 City PORT CHARLOTTE FL 85 Zip Code 33948	
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>Randy Sander</i> RANDY SANDER, REGISTERED AGENT, PRESIDENT 1-6-98 (NOTE: Registered Agent signature required when reinstalling) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHRISTIE, JAMES G. 2299 GULFVIEW RD. PUNTA GORDA FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT, CURRENT REG. AGENT RANDY SANDER 18071 WINDINGVAIL AVE. PORT CHARLOTTE, FL 33948 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHRISTIE, PATRICIA M. 2299 GULFVIEW RD. PUNTA GORDA FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VICE PRESIDENT SCHELLEE SANDER 18071 WINDINGVAIL AVE. PORT CHARLOTTE, FL 33948 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>Randy Sander</i> 1-6-98 RANDY SANDER, REG. AGENT 941-255-0072 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (407) 255-0000			

CR2E034 (10/97)