

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K64917** (3)
1. Corporation Name
CHRISTIAN WAIDELE & ASSOCIATES INCORPORATED

APPROVED
AND
FILED
95 MAY -1 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

~~302 SW 85 WAY
#108
PEMBROKE PINES FL 33025
US~~

~~302 SW 85 WAY
#108
PEMBROKE PINES FL 33025
US~~

3. Date Incorporated or Qualified
02/10/1989

3a. Date of Last Report
04/25/1995

2. Principal Place of Business
21 **4984 SW 95 AVE**
Suite, Apt. #, etc.

2a. Mailing Address
26 **4984 SW 95 AVE**
Suite, Apt. #, etc.

4. FEI Number
65-0110282
Applied For
Not Applicable

22 **Cooper City, FL**
City & State
23 **33328** **USA**
Zip Country

27 **Cooper City, FL**
City & State
28 **33328** **USA**
Zip Country

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAIDELE, CHRISTIAN
302 S.W. 85 WAY
#108
PEMBROKE PINES FL 33025

81 Name
82 Street Address (P.O. Box Number is Not Applicable)
4984 S.W. 95 AVE
83
84 **Cooper City** **FL** **33328**
City State Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1503, 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

Signature of the registered agent or the corporation

(If the registered agent is not required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PTD	WAIDELE, CHRISTIAN	302 SW 85 WAY, #108	PEMBROKE PINES FL	<input type="checkbox"/>
SD	WAIDELE, MIRNA	302 SW 85 WAY, #108	PEMBROKE PINES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. CHANGE	6. ADDITION
PTD	WAIDELE, CHRISTIAN	4984 S.W. 95 AVE	Cooper City, FL 33328	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
MIRNA WAIDELE	4984 SW 95 AVE	Cooper City, FL 33328		<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

4/24/96 (954)680-4024

CR2E034 (12/95)