Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # L20201

1. Corporation Name

Principal Place of Business

CHRISTINE ENTERPRISES, INC.

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90113 037 ***150.00



P.O. BOX 172	ID ST. #12	1825 CLEVELAND S1. #12 P.O. BOX 172										
HOLLYWOOD FI	L 33022	HOLLYWOOD FL 33022					DO NOT WRITE IN THIS SPACE					
						1 *	ncorporated or Qualif 2/1989	ed				
2. Principal Pl	ace of Business	2a. Mailing Address			1	4. FEI Number			Applied For			
21		26	26			65-0	147774			Not /	Applicable	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certifo	5. Certificate of Status Desired \$8.75 Additional Fee Required						
City & State	9	City & State	City & State			6. Election	n Campaign Financi	ng 🗆	\$5.0	00 M	lay Be	
23		28				Trust	fund Contribution		Add	ed to	Fees	
Zip	Cour try Zip			try		1 1	8. This corporation owes the current year Intangible					
24	25	- 	30			Persor al Property Tax. 10. Name and Address of New Registers d Agent					No	
	9. Name and Address of Curren	t Registered Agent		31	Name	10. Name	and Address of Ne	w Registere	Agent			
CAN	DLER, CHRISTINE K.		1°	31	Name							
	CLEVELAND ST		82 Street Ac dr			dress (P.O. Bo	Number is Not Acce	eptable)				
#12			١.	-								
	LYWOOD FL 33020		*	83								
11176	L14700D 1 E 33020		8	34	City			FI	85	Zip Co	ode	
				L			its this statement for			ite r	agistered	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was riul	norizea i	Dy tn	named co le corpora	rporation submertion's board of	cirectors. I hereby ac	cept the appo	s tnemtaic	s reg	stered	
agent. ai	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statut	es.							- 1	
SIGNATURE		(NOT)	Insustrand A		ionatura race	u red when reinstating	<u> </u>	DATE				
12.	Signature, typed or printed name of registered ager	IL) DIRECTORS	13.	yent s	igriature req		CINS/CHANGES TO		ND DIREC	CTOF	S IN 12	
TITLE	D OF FOLIA	☐ DELETE	1.1 TITL	 E					Char		Addition	
NAME	CANDLER, CHRISTINE K.		1.2 NAM	Æ								
STREET ADDRESS	1825 CLEVELAND ST #12		1.3 STR	EET A	DDRESS						1	
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY									
TITLE		☐ DELETE	2.1 TITL	E					Char	nge	Addition	
NAME			2.2 NAM	1E								
STREET ADDRES S			2.3 STR	EET AI	DDRESS							
CITY-ST-ZIP			2 4 CIT	Y-ST-	ZIP							
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NAME			3.2 NAM	Æ								
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CłTY-ST-ZIP			3.4. CFT	Y-ST-	ZIP							
TITLE		☐ DELETE	4.1 TITL	E					Char	nge	Addition	
NAME			4. 2 NA	ME	1						}	
STREET ADDRESS			4.3 STR	EETA	DDRESS							
CITY-ST-ZIP			4.4 CITY		ZIP						Addition	
TITLE		☐ DELETE	51 TITL						Cha	ıge	Addition	
NAME			5.2 NAM									
STREET ADDRES 3					DORESS							
CITY-ST-ZIP			5.4 CITY 6.1 TITL		ZIP	-			Cha		Addition	
TITLE		☐ DELETE			j				□ cua	iye	☐ AUGRIOR	
NAME			6.2 NAM								į	
STREET ADDRES 3					ODRESS .							
CITY-ST-ZIP			6.4 CITY	Y-ST-	ZIP		7/3/2 51 11 2011	16		Mara Jani		

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:

CR2E034 (11/98)