FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-ZIF

SIGNATURE:

14. I hereby certify that the information supplied with this #

indicated on this annual report or supplemental annual officer or director of the corporation or the receiver of Block 12 or Block 13 if changed for on an attachment

FILED Apr 16, 1999 8:00 am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Katherine Harris ANNUAL REPORT Secretary of State 04-16-1999 90076 034 ***150.00 DIVISION OF CORPORATIONS 1999 **DOCUMENT #** 1. Corporation Name Chrisden, Inc. Principal Place of Business Mailing Address ع ج Same Dearstield Beach, FL33441 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed - 20 - 90 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 6 5-021 63 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite: Apt. # etc: 5. Certificate of Status Desired \Box Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Country 8. This corporation owes the current year Intangible Zip DiNo 30 Personal Property Tax. 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Hessing, Dennis Street Address (P.O. Box Number is Not Acceptable) 82 4 Ave SE 83 Beach, FL 33441 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE ☐ Change 1.1 TITLE TITLE 12 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 3.1 TITLE ☐ Change TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change ☐ Addition □ DELETE 51 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-7IP CITY-ST-ZIP 6.1 TITLE ☐ Addition Change TITLE ☐ DELETE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

with an address, with all other like empowered

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in