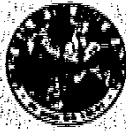


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L94642** (0)
1. Corporation Name
CHRIS & CHRIS INVESTMENTS, INC.

Principal Place of Business: **2501 OLD LAKE WILSON RD. KISSIMMEE FL 34747 US**
Mailing Address: **2501 OLD LAKE WILSON RD. KISSIMMEE FL 34747 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/20/1990** 3a. Date of Last Report: **07/06/1994**
4. FEI Number: **65-0215005** 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 has liability for intangible tax under S. 100.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc. 2a. Mailing Address: **26** Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent
**SIMON, GARY P.
9100 SOUTH DADELAND BOULEVARD
SUITE 504
MIAMI FL 33156**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code **FL**

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 resigning) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: LIM, KEE CHIN STREET ADDRESS: 1150 ROBERT RIDGE CT. KISSIMMEE FL	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: PD	NAME: RICHARDS, CHRISTIANA STREET ADDRESS: 1150 ROBERT RIDGE CT. KISSIMMEE FL	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD	NAME: LIM, CHRISTOPHER STREET ADDRESS: 1150 ROBERT RIDGE CT. KISSIMMEE FL	31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	NAME: RICHARDS, KERRY STREET ADDRESS: 1150 ROBERT RIDGE CT. KISSIMMEE FL	41 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	T D
TITLE: SD	NAME: RICHARDS, KENNETH STREET ADDRESS: 1165 JOHN RIDGE CT. KISSIMMEE FL	51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:	NAME:	61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:	NAME:	62 NAME:	
TITLE:	NAME:	63 STREET ADDRESS:	
TITLE:	NAME:	64 CITY - ST - ZIP:	

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 110.07(3)(b), 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: Christiana Richards 4-25-95 (407) 396-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Mailing Address
Christiana Richards - President