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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

L94642

(0)

DOCUMENT #
1. Corporation Name CHRIS & CHRIS INVESTMENTS, INC.

Principal Place of Business 2501 OLD LAKE WILSON RD. KISSIMMEE FL 34747 US 3. Date Incorporated or Qualified 08/20/1990 05/01/1995 2. Principal Place of Business 26 28. Mailing Address 26 4. FEI Number Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State City & State Zip Country Apiloson RD. KISSIMMEE FL 34747 US 3. Date Incorporated or Qualified 08/20/1990 05/01/1995 4. FEI Number Applied For Not Applicable Source, Apt. #, etc. Fig. Certificate of Status Desired Fig. Required Fig. Required Fig. Required Added to Fees Added to Fees Added to Fees Trust Fund Contribution Added to Fees	0.11.110	.								
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2. Principal Place of Business 2a. Mailing Address 3b. Date of Lear Report 3c.) Date of Lear Rep	KISSIMMEE F		KISSIMMEE FL 34747	KISSIMMEE FL 34747						
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Suite, Apt. #, etc. 27	 -	ce of Business	— ·				1		_	+ ···
Per Required Per	21 Suite Act # cts								\$8	<u></u>
28	22					5. Certificate of Status Desired				
26 28 30 30 Florida Statutes	City & State		⊢ '						•	•
9. Name and Address of Current Registered Agent SIMON, GARY P. 9100 SOUTH DADELAND BOULEVARD SUITE 504 MIAMI FL 33158 83 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Poinds Statutes, the above-harmed corporation submits this statement for the purpose of changing as registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the exponitionent as registered agent, and accept the oligibations of Section 607,0507, Photos Statutes, the above-harmed corporation's board of directors. Thereby accept the exponitionent as registered agent, and accept the oligibations of Section 607,0507, Photos Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. EVALUATE TO THE TO THE PROPRIES TO THE PRO	Zip	Country Zip C			intry		·		unde	s 199.032,
SIMON, QARY P.	24			30						
SIMON, GARY P. 9100 SOUTH DADELAND BOULEVARD SUITE 504 MIAMI FL 33158 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City		9. Name and Address of Curren	nt Registered Agent		01	Nome	10. Name and Address of New R	egistered A	gent	
BIOL SOUTH DADELAND BOULEVARD SUITE 504 MIAMI FL 33156 B4 City FL B5 Zip Code 11. Pursuant to the provisions of Sections 607 (502 and 507.1508, Fiorida 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 office annial mixth, and accept the obligations of, Section 607.0505, Indica Statutes. SIGNATURE Signature, fixed or printed raine of ingitized agent and the 7 sectionable in NOTE. Registered Agent agration's board of directors. I hereby accept the appointment as registered agent, I am for a section 607.0505, Indica Statutes. SIGNATURE Signature, fixed or printed raine of ingitized agent and the 7 sectionable. INOTE. Registered Agent agration is board of directors. I hereby accept the appointment as registered agent, I am for a section for 7 section 607.0505, Indica Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. In TITLE 12. IN TITLE 12. DELETE 1.1 TITLE 1.2 NAME 1.150 ROBERT RIDGE CT. 1.1 SIREFI ADDRESS 1.150 ROBERT RIDGE CT. 1.2 SIREFI ADDRESS 1.150 ROBERT RIDGE CT. 1.3 SIREFI ADDRESS 1.4 CITY-ST-2P 1.5 SIREFI ADDRESS 1.5 CITY-ST-2P 1.5 ADDTIONS/CHANGES TO CHANGES TO CHANGES TO CHANGES 1.5 CITY-ST-2P 1.5 ADDTIONS/CHANGES TO CHANGES TO CHANGES 1.5 CITY-ST-2P 1.5 ADDTIONS/CHANGES TO CHANGES TO CHANGES 1.5 CITY-ST-2P 1.5 ADDTIONS/CHANGES TO CHANGES 1.5 A	OMON	OADV D			•					
SUITE 504 MIAMI FL 33156				82	Street Address (P.O. Box Number is Not Acceptable)					
The Pursuant to the provisions of Section's 607.0502 and 607.1508, Piorida Statutes, the above-named corporation submits this statement for the purpose of changing is registered office or rogistered against, or both, in the State of Frontia, Such change was authorized by the corporation's board of directors. Thereby accept the depointment are registered office or rogistered against, or both, in the State of Frontia, Such change was authorized by the corporation's board of directors. Thereby accept the depointment are registered office or rogistered against, or both, in the State of Province of Against the Again	SUITE 5	04			83					
or registered agent, cr both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the eloppointment as registered agent, if an infamiliar with, and accept the obligations of section 607.055. Florida Statutes. Signature	MIAMI FI	L 33156			84	City		FL	85	Zip Code
12.	or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE									
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NAME	CITY - S1 - ZIP			1.4 C	ITY-S	T-ZIP				
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City-St-ZiP KISSIMMEE FL				4.3 S	TREET	ADDRESS				
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CITY-S1-ZIP KISSIMMEE FL	NAME	RICHARDS, KENNETH		5.2 N	AME					
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red by 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 its if made under early, 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:

4-26-86 (457)396-1881