

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M58077

1. Corporation Name

CHRISTINA OF BOCA LTD CORP.

Principal Place of Business

**C/O CHRISTINA NETSCH
10 NE FIRST AVE
BOCA RATON FL 33432**

Mailing Address

**C/O CHRISTINA NETSCH
10 NE FIRST AVE
BOCA RATON FL 33432**

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90213 019 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1987

4. FEI Number

65-0007709

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2351 N FED. HWY

2a. Mailing Address

2351 N FED. HWY

Suite, Apt. #, etc.

6

Suite, Apt. #, etc.

6

City & State

BOCA RATON

City & State

BOCA RATON

Zip

33431

Country

FL

Zip

33431

Country

FL

9. Name and Address of Current Registered Agent

**NETSCH, CHRISTINA
10 NE FIRST AVE
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name
CHRISTINA D. NETSCH

82 Street Address (P.O. Box Number is Not Acceptable)

2351 N FED. HWY

83 **# 6**

84 City
BOCA RATON

FL 85 Zip Code
33431

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
P
NAME
NETSCH, CHRISTINA
STREET ADDRESS
10 NE FIRST AVE
CITY-ST-ZIP
BOCA RATON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE
P
1.2 NAME
CHRISTINA D. NETSCH
1.3 STREET ADDRESS
2351 N. FED. HWY STE # 6
1.4 CITY-ST-ZIP
BOCA RATON, FL 33431

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: **Christina D. Netsch**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99 (561) 392-0753
Date Daytime Phone #

CR2E034 (11/98)