


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

FILED  
Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000029678 (8)					
1. Corporation Name GAIL A. CHRISTIANSEN, INC.					
Principal Place of Business 861 CENTERWOOD DRIVE TARPON SPRINGS FL 34689			Mailing Address 861 CENTERWOOD DRIVE TARPON SPRINGS FL 34689-7227		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/21/1993	
21		26		3a. Date of Last Report 04/22/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3179658	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country		9. Name and Address of Current Registered Agent	
25		30		10. Name and Address of New Registered Agent	
CHRISTIANSEN, GAIL A 861 CENTERWOOD DRIVE TARPON SPRINGS FL 34689		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					
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE			1.1 TITLE		
NAME			1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
2.1 TITLE			2.2 NAME		
2.2 NAME			2.3 STREET ADDRESS		
2.3 STREET ADDRESS			2.4 CITY-ST-ZIP		
3.1 TITLE			3.2 NAME		
3.2 NAME			3.3 STREET ADDRESS		
3.3 STREET ADDRESS			3.4 CITY-ST-ZIP		
4.1 TITLE			4.2 NAME		
4.2 NAME			4.3 STREET ADDRESS		
4.3 STREET ADDRESS			4.4 CITY-ST-ZIP		
5.1 TITLE			5.2 NAME		
5.2 NAME			5.3 STREET ADDRESS		
5.3 STREET ADDRESS			5.4 CITY-ST-ZIP		
6.1 TITLE			6.2 NAME		
6.2 NAME			6.3 STREET ADDRESS		
6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
14. I do 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.					
SIGNATURE: <u>Gail A. Christiansen</u> 4-5-97 813-938-4977					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)