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

**PROFIT CORPORATION** 



FLORIDA DEPARTMENT OF STATE

Sandra B. - Sortham

ANN	UAL REPORT	7-7	y of State	FILED	•
1997 DIVISION OF CORPORATIONS				- 25 PH 3-39	
DOCUMENT # P930000 29958				97 JUL 23 THE	
CRISTEA HOLDINGS, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Plac	ce of Business	Mailing Address			•
89	124 HUNTINGTON	J Pr. DR.	SAME		
SALASOTA, FLORIDA 34238				3. Date incorporated or Qualified 4/22/93	3a. Date of Last Report
L '	. Principal Place of Business 2a. Mailing Ac			4. FEI Number	Applied For
Suite. Apt. # etc.		Suite, Apt. #, etc.		63-0404 72	Not Applicable  \$8.75 Additional
		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for in	
24	25	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	30		Yes No
<del></del>	9. Name and Address of Current		81 Name	10. Name and Address of New Reg	istered Agent
LEVITT SANDY					
LEVITT, SANDY  2201 RINGLING BLVD., SWITE 203  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)					
83					
5 ARAGOTA, FLORIDA 34237					85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-nar				control of the state of the sta	FL   S   Zip code
office or r	ະວັນສຳຄວາມສະຫະ ທີ່ 3actions 607,0302 ເວັນສຳຄວາມສະຫະໄດ້ agent, or both, in the State o im familiar with, and accept the obligati	f Florida. Such change was au	uthorized by the corp	corporation subtritis this statement for the poporation's board of directors. I hereby accept	the appointment as registered
SIGNATURE	in ignimal with, and accept the obligati	ons or, section dor, assis, inor	TOB CIAILLES.		
	Signature typed or printed name of registered agent	····	Registered Agent signature	<u> </u>	DATE
12.	OFFICERS AND	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
NAME	CRISTEA, AUGUSTI		1.2 NAME	5000022	S22 Change
STREET ADDRESS	8924 HUNTINGTON PI	· Dl	1.3 STREET ADDRESS	-07/30/9	9701045006 l
CITY-ST-7IP	SACASOTA, FL 342	38	1.4 CITY - \$1 - ZIP	****165	5.00 ****165.00
TITLE	5T	☐ DELETE	2.1 TITLE	V	Change Addition
NAME	CRISTEA, VERA		2.2 NAME		ļ
STREET ADDRESS	BAZY HUNTINGTON SALASOTA PL 34	PIDL	2 3 STREET ADDRESS		
CITY - ST - ZIP	SALASSTA IT 34	≠28 □ DELETE	2. 4 CITY - ST - ZIP		Change Addition
NAME		- Otter IL	3.1 TITLE 3.2 NAME		L_ Unange L_ Addition
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-SI-ZIP			3.4. CITY+ST+ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CMF-ST-ZIP TITLE		☐ D£L£TE	4.4 CITY - ST - ZIF 5.1 TITLE		Change Addition
NAME			5.2 NAME		CT Guerrige CT vocation
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIF			5.4 CITY - ST - 7IP	 	^
TITLE		☐ DELETE	6.1 TITLE	C	Change Addition
NAME			6.2 NAME	Ų	1200
STREET ADDRESS			6.3 STREET ADDRESS	,	\U
CITY-ST-7IP			6.4 CITY - ST - ZIP	/	X

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:

CLISTEA JEFA

Fub. 11 / 97 94/ 955-8058

SIGNATURE:

CRISTEA, VELA