FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000075504 (9)**

1. Corporation Name

AUSTIN CHRIS PROPERTIES, INC.

Principal Place of Business	Mailing Address
10346 NW 55TH ST SUNRISE FL 33351	10346 NW 55TH ST SUNRISE FL 33351

3. Date Incorporated or Qualified: **11/01/1993**

3a. Date of Last Report: **03/22/1995**

2. Principal Place of Business
21 10480 NW 50 ST
22 Suite, Apt. #, etc.
23 City & State: Sunrise FL
24 Zip: 33351
25 Country:

2a. Mailing Address
26 10480 NW 50 ST
27 Suite, Apt. #, etc.
28 City & State: Sunrise FL
29 Zip: 33351
30 Country:

4. FEI Number: **65-0449290** ☐ 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 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STULTZ, ROBERT
~~10346 NW 55TH ST~~
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 10480 NW 50 ST.
83
84 City: Sunrise **FL** 85 Zip Code: 33351

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 agent is a corporation (NOTE: Registered Agent Signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	STULTZ, ROBERT		1.2 NAME		
STREET ADDRESS	~~10346 NW 55TH ST~~		1.3 STREET ADDRESS	10480 NW 50th ST	
CITY-ST-ZIP	SUNRISE FL 33351		1.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BARIS, PHILIP		2.2 NAME		
STREET ADDRESS	~~10346 NW 55TH ST~~		2.3 STREET ADDRESS	10480 NW 50 ST	
CITY-ST-ZIP	SUNRISE FL 33351		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 119.07(3)(k), 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: 4.2.96 954-741-0020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)