

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90004 020 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P94000022226

1. Corporation Name
JOHN J. CHRISTIE & ASSOCIATES OF FLORIDA, INC.

Principal Place of Business: 8 E JEFFERSON STREET, ORLANDO FL 32801
 Mailing Address: 118 E JEFFERSON STREET, ORLANDO FL 32801



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1994

4. FEI Number: NOT APPLICABLE 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: Yes No

Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country
25	29

9. Name and Address of Current Registered Agent
BROSTROM, DARREL J
118 E JEFFERSON STREET
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code: FL

I, 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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DE	D CHRISTIE, JOHN J 6700 OREGON AVE NW WASHINGTON DC 20015	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE	D BROSTROM, DARREL J 1301 SUZANNE WAY LONGWOOD FL 32779	1.2 NAME	
DE	D MITCHELL, REGINALD 38 HOLLYBERRY CT ROCKVILLE MD 20852	1.3 STREET ADDRESS	
DE	D WORRELL, QUINTON 4 TORRANCE CT KENSINGTON MD 20895	1.4 CITY-ST-ZIP	
DE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE	<input type="checkbox"/> DELETE	2.2 NAME	
DE	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
DE	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
DE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE	<input type="checkbox"/> DELETE	3.2 NAME	
DE	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
DE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
DE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE	<input type="checkbox"/> DELETE	4.2 NAME	
DE	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
DE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
DE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE	<input type="checkbox"/> DELETE	5.2 NAME	
DE	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
DE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
DE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE	<input type="checkbox"/> DELETE	6.2 NAME	
DE	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
DE	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Darrel Brostrom*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.1.99
 Date

Daytime Phone #

CR2E034 (5/99)