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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 06 1998 8:00am

Secretary of State

1 | 100| | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 1

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000076072 (5)

NCE CHRISTIE CORPORATION

							-{	
Principal Place of Business Mailing Address						. 16411641 (18 1811) elejt selli éstit éstit (8111 1811) (8111 1811)		
201 N. FRANKLIN ST. 201 N. FRANKLIN S								
STE. 2350	22672			STE. 2350				DO NOT WRITE IN THIS SPACE
TAMPA FL 33602			IAMPA FL	TAMPA FL 33602				3. Date Incorporated or Qualified
								10/17/1994
2. Principal	1 Place of Busi	ness	2a, Mailing A	2a. Mailing Address				4. FEI Number Applied For
21			26	26				59-3278654 Not Applicable
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.				SR 75 Additional
22			27	27				5. Certificate of Status Desired Fee Required
City & State			City & St	City & State				6. Election Campaign Financing \$5.00 May Be
23			28					Trust Fund Contribution Added to Fees
Zip	Country		Zip	Zip Co		untry		8. This corporation owes or has paid the current year Intangible
24	25]		29			Personal Property Tax due June 30. 🔲 Yes 🔀 No		
	g, Name	and Address of Cu	rrent Registered Age				10. Name and Address of New Registered Agent	
E	KONOMIDES	S, NICKOLAS C			81		Name	
2	01 N. FRANI	KLIN ST.				+-	Street Add	dress (P.O. Box Number is Not Acceptable)
STE. 2350								
TAMPA FL. 33602						T		
					84	-	City	85 Zip Code
						1	•	FL T T
11. Pursuar	nt to the provis	ions of Sections 607.	0502 and 607.1508, F	lorida Statutes	the abov	e-	named cor	poration 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								
01017110111	Signature, typed	or printed name of registered	agent and title if applicable	(NOTE: I	Registered Age	ent	t signature requi	uired when reinstating) DATE
12.		OFFICERS	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT		L	」 DELET E	1.1 TITLE		İ	☐ Change ☐ Addition
NAME		MIDES, NICK			1.2 NAME			
STREET ADDRESS	s 201 N . I	franklin St., Ste	E. 2350		1.3 STREET	T AE	.DDRESS	
CITY-ST-ZIP	TAMPA	FL 33602			1.4 CITY - S	ST.	·ZIP	
TITLE	VPS		Ĺ.] DELET e	2.1 TITLE			Change Addition
NAME	EKONOMIDES, ANTHONY 22							
STREET ADDRESS		franklin St., Ste	E. 235 0	2.3		I AE	DDRESS	
CITY-ST-ZIP	TAMPA	FL 33602			2.4 CITY-5	S 1-	- ZIP	·
TITLE				DELETE	3.1 TITLE			Change Addition
NAME					3.2 NAME			
STREET ADDRESS	s				33 STREET	A	DDRESS	·
CITY-ST-ZIP					3 4. CITY-5	sr-	- ZIP	
TITLE				DELETE	4.1 TITLE			Change Addition
NAME					4. 2 NAME			
STREET ADDRESS	s				4.3 STREET	AE.	DDRESS	
CITY-ST-ZIP					4.4 CITY - S	ST-2	ZIP	
TITLE				DELETE	5.1 TITLE			Change Addition
NAME	i				5.2 NAME			
STREET ADDRESS	s				5.3 STREET	AD	DDRESS	
CITY-ST-ZIP	ļ.				5.4 CITY-S	37-7	7IP	
TITLE				DELETE	6.1 TITLE			Change Addition
NAME					6.2 NAME			
STREET ADDRESS	3				6.3 STREET	AD	ODRESS	
CITY-ST-ZIP	,	_			6.4 CITY-S			
14. I hereby	certify that th	e information supplied	with this filing ages	not qualify for t	he exemp	tio	on stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated on this annual report or supplymental annual proof 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 controlling the receiver or dustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in								