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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000088101 (8)

WAYDE K. CHRISTIANSEN, P.A.

Principal Place of Business Mailing Address

FILED Apr 28 1997 8:00am Secretary of State



7200 N.W. 2ND AVENUE #76 BOCA RATON FL 33487		BOCA RATON FL 3348	7200 N.W. 2ND AVENUE #76 BOCA RATON FL 33487-2342				
					3. Date Incorporated or Qualified 12/05/1994	3a. Date of Last Re 06/24/1996	eport
2. Principal F	Pace of Business	2a. Mailing Address			4. FEI Number		plied For
21		26		65-0536831		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Star 23	le	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Ζιρ	Country	Zip	Cou	ntry	8. This corporation has liability for in	tangible tax under s.	199.032,
24	25	29	30			Yes No	
	9. Name and Address of C	urrent Registered Agent		24	10. Name and Address of New Reg	pistered Agent	
	ristiansen, wayde k		- 1	81 Name			
	00 N.W. 2ND AVENUE #76 CA RATON FL 33487				ddress (P.O. Box Number is Not Acceptable)		
				83			
				84 City		FL B5 Zip (
office or	registered agent, or both, in the am familiar with, and accept the	State of Florida. Such change woobligations of, Section 607.0505	ras authorized i, Florida Stati	the corporautes.	rporation submits this statement for the p ation's board of directors. I hereby accep	ot the appointment as	registered
	Signature typed or printed name of register	s AND DIRECTORS	(NOTE Hegistered	Agent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFICE		RS IN 12
12.	DP OFFICER	DELETE	1.1 [1]	LE L	ADDITIONS OF INITIAL TO STITLE	Change	Addition
NAME	CHRISTIANSEN, WAYDE I	-	1.2 NA	, t			
PERMIT							
STREET ADORESS	. 7200 N.W. 2ND AVENUE.	# 76	1.3 ST	REET ADDRESS			
STREET ADORESS	7200 N.W. 2ND AVENUE, BOCA RATON FL	₽ 76		REET ADDRESS TY-ST-ZIP			
STREET ADORESS CITY: ST- ZIP TITLE		₽76 ☐ DELETE		TY - ST - ZIP		Change	Addition
CITY - ST- ZIP			1.4 CI	TY-ST-ZIP		Change	Addition
CITY-ST-ZIP TITLE	BOCA RATON FL		1.4 Cl 2.1 Til 2.2 NA	TY-ST-ZIP		☐ Change	Addition
CITY: ST: ZIP TITLE NAME	BOCA RATON FL	[_] DELETE	1.4 CI 2.1 Til 2.2 NA 2.3 ST 2.4 C	TY-ST-ZIP TLE IME			
CITY-ST-ZIP TITLE NAME STREET ADDRESS	BOCA RATON FL		1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 C 3.1 TI	TY-ST-ZIP LE ME REET ADDRESS TTY-ST-ZIP LE		☐ Change	
CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP	BOCA RATON FL	[_] DELETE	1.4 CI 2.1 Til 2.2 NA 2.3 ST 2.4 C 3.1 Ti 3.2 No	TY-ST-ZIP TLE IME REET ADDRESS ITY-SY-ZIP ILE			
CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE	BOCA RATON FL	[_] DELETE	1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 C 3.1 TF 3.2 NA 3.3 ST	TY-ST-ZIP LE MME REET ADDRESS LTY-SY-ZIP LE LME REET ADDRESS			
CITY ST-ZIP TULE NAME STREET ADDRESS CITY-ST-ZIP TULE NAME STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL	DELETE	1.4 CI 2.1 Til 22 NA 2.3 ST 2.4 C 3.1 Til 32 NJ 33 ST 34 C	TY-ST-ZIP TLE MME REET ADDRESS ITY-SY-ZIP TLE MME REET ADDRESS ITY-ST-ZIP		☐ Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS	BOCA RATON FL	DELETE	1.4 CI 2.1 Til 22 NA 2.3 ST 2.4 C 3.1 Til 32 NA 3.3 SI 3.4 C 4.1 Til 4.2 N 4.3 SI 4.4 CI 5.1 Til 5.2 NJ 5.3 SI	TY-ST-ZIP TLE ME REET ADDRESS ITY-SY-ZIP TLE ME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS IY-ST-ZIP TLE AME REET ADDRESS IY-ST-ZIP TLE AME	. :	☐ Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL	DELETE	1.4 CI 2.1 Til 22 NA 2.3 ST 2.4 C 3.1 Til 32 NV 33 ST 34 C 4.1 Til 4.2 N 4.3 ST 4.4 CI 5.1 Til 5.2 NV 5.3 ST	TY-ST-ZIP TLE IME REET ADDRESS ITY-ST-ZIP TLE IME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS ITY-ST-ZIP TLE IME IME IME IME IME IME IME IME IME I		☐ Change ☐ Change	Addition
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14. For 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 18 if changed, or on apparatchment with an address.