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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000091573 (3)

STEPHEN CHRISTOPHER'S INC.

Principal Place of Business Mailing Address

1695 FLORIDA MANGO DR., #6 1695 FLORIDA MANGO DR., #6

## FILED Apr 13 1998 8:00am Secretary of State



1695 FLORIDA MANGO DR., #6 WEST PALM BEACH FL 33406					1695 FLORIDA MANGO DR., #6 WEST PALM BEACH FL 33406					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified								
											3.	12/19/199		aimea				
	2. Principal Place of Business					2a. Mailing Address					4.	FEI Number	400			-	- + -	plied For
21 Suite, Apt. #, etc.					Suite, Apt. #, etc.					—	65-0557	183			60	_	t Applicable Additional	
22					27						5.	Certificate of	Status Desi	red				quired
23	City & State					City & State						Election Camp Trust Fund Co		cing				May Be o Fees
24	Zip	Country 29				Zip Country					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No							
	9,	Name a	nd Address o	Current Re		•	10.	, Name and A	ddress of I	lew Re	pistered A	gent						
		EL, CHR						81	'	Name								
1695 FLORIDA MANGO DR., #6 WEST PALM BEACH FL 33406										Street Addr	ress (P	P.O. Box Numb	er is Not A	cceptab	le)			
								83										
								84	7	City					FL	85	Zip (	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of dagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													statement f ors. I hereb	or the p y accer	urpose of t the appo	chan	ging it ent as	s registered registered
SIC	NATURE																	
		ture, typed o	printed name of reg	interect agont an ERS AND D			(NOTE: Re		eni i	iuper erutangla			IANOEO TO	OFFIC	DATE	DIDE	OTOD	C IN 40
12		<b>D</b>	OFFIC	EHS AND D	IHLU	DEL	FTF	13.			<i>'</i>	ADDITIONS/CI	HANGES TO	) OFFIC				S IN 12 Addition
	- I •	BURGIEL	CHRIS					1.2 NAME									- Lange	7 Idonion
STREET ADDRESS 1695 FLORIDA MANGO DR., 4				O DR., #6					1.3 STREET ADDRESS									
			LM BEACH					1.4 CITY-5										
TITL						☐ DEL	ETE	2.1 TITLE			-					C	hange	Addition
NA	AE							2.2 NAME										
STR	EET ADDRESS							2.3 STREET	. AD	DRESS								
CIT	r-ST-ZIP							2 4 CITY-	ST-	ZIP								
TITL	E					☐ DEL	ETE	3 1 TITLE								☐ C	hange	☐ Addition
NAJ	AE							3.2 NAME										
STR	EET ADDRESS							3.3 STREET	(A)	DRESS								
CIT	1-S1-ZIP							3.4. CITY-	ST-	ZIP								
TITL	Æ					☐ DEL	ETE	4.1 TITLE									hange	☐ Addition
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STR	EET ADDRESS							4.3 STREET	T AD	DAESS								
	Y-ST-ZIP							4.4 CITY-5	ST-7	ZIP								
TIT	.E					☐ DEL	EIE	5.1 TITLE								☐ C	hange	☐ Addition
NAI								5.2 NAME										
	EET ADDRESS							5.3 STREET		1								
$\overline{}$	Y-ST-ZIP					- Dec	C10	5.4 CITY - 9	ST-Z	ZIP							Lane -	Aprahito.
TITI	I					☐ DEL	tit	6.1 TITLE		1						∐ ¢	nange	Addition
NA								6.2 NAME										
	LEET ADDRESS							6.3 STREE										
CIT	Y-ST-ZIP							6.4 CITY - 1	ST-2	ZIP								

14. I 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: Mont (Stephen C. Braie) 4-6-98 561-437 410