

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

FILED

Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000040737 (5)

1. Corporation Name

CHRISTOPHER G. KIRSCHNER, AIA, INC.



Principal Place of Business	Mailing Address
3211 SWANN AVENUE APT. 905 TAMPA FL 33609	3211 SWANN AVENUE APT. 905 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 4201 WOODMERE RD Suite, Apt. #, etc.	26 4201 WOODMERE RD Suite, Apt. #, etc.
22 City & State TAMPA, FL.	27 City & State TAMPA, FL.
23 Zip 33609	28 Country USA
24	29

3. Date Incorporated or Qualified	Applied For
05/23/1995	Not Applicable
4. FEI Number	
59-3322512	
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 or has paid the current year intangible Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent

KIRSCHER, CHRIS
3211 SWANN AVE.
#905
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name	CHRIS KIRSCHNER
82 Street Address (P.O. Box Number is Not Acceptable)	4201 WOODMERE RD
83	
84 City	TAMPA
85 Zip Code	FL 33609

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	1.1 TITLE	Change Addition
NAME	KIRSCHNER, CHRIS	1.2 NAME	
STREET ADDRESS	3211 SWANN AVENUE, APT. 905	1.3 STREET ADDRESS	4201 WOODMERE RD.
CITY-ST-ZIP	TAMPA FL 33609	1.4 CITY-ST-ZIP	TAMPA, FL. 33609
TITLE		2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 hereby certify that the information supplied in 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, the owner or duly 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/98 813-218-6208

CP2E034 (10/97)