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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000040737

1. Corporation Name

STREET ADDRESS CITY-ST-ZIP

Principal Place of Business

CHRISTOPHER G. KIRSCHNER, AIA, INC.

4801 WOODMERE ROAD		4801 WOODMERE ROAD  APT: 905					
TAMPA FL 33609		TAMPA FL 33609 US		DO NOT WRITE IN THIS SPACE			
US				3. Date Incorporated or Qualifed			
					05/23/1995		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	pplied For
21		26		59-3322512	<del></del>	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22		27			5. Continuent of Charles 2007/20	Fee R	equired
City & State	e	City & State			6. Election Campaign Financing	•	May Be
23	•	28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Ir		
24	25	29 30	<u> </u>		Personal Property Tax.	XXVes	□No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered	d Agent	
			81	Name			Ì
KIRSCHER, CHRIS			82	82 Street Address (P.O. Box Number is Not Acceptable)			
4801 WOODMERE ROAD							
<del>-#905 -</del>		83					
TAM	IPA FL 33609		84	City		.  85 Zip	Code
			1.1	•	F	<b>L</b>	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the above	-named corp	poration submits this statement for the purpose only board of directors. I bereby accept the appre	of changing it	s registered
office or r	egistered agent of both, in the State	of Florida, Such change was auth	norized by t a Statutes	the corporation	orts poate or directors, rincreby accept the appr	ointment as n	egistered
	I'm failthfail (yill) also coopt the onlya		PU	ST	416199		
SIGNATURE	Signature year or printed name of registered ager	nt and title if applicable. (NOTE: Re	egistered Agent	signature require	ed when reinstating) DATE		
	12. OFFICERS AND DIRECTORS						
12.			13.		ADDITIONS/CHANGES TO OFFICERS A		
12.			13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECT	
	OFFICERS AN	ID DIRECTORS			ADDITIONS/CHANGES TO OFFICERS A		
TITLE NAME	OFFICERS AN PVST KIRSCHNER, CHRIS	ID DIRECTORS	1.1 TITLE	ADORESS	ADDITIONS/CHANGES TO OFFICERS A		
TITLE NAME STREET ADDRESS	OFFICERS AN PVST KIRSCHNER, CHRIS 4801 WOODMERE ROAD	ID DIRECTORS	1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICERS A		
TITLE NAME	OFFICERS AN PVST KIRSCHNER, CHRIS	ID DIRECTORS	1.1 TITLE 1.2 NAME 1.3 STREET		ADDITIONS/CHANGES TO OFFICERS A		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN PVST KIRSCHNER, CHRIS 4801 WOODMERE ROAD	ND DIRECTORS  DELETE	1.1 TITLE 1.2 NAME 1.3 STREET, 1.4 CITY-ST		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN PVST KIRSCHNER, CHRIS 4801 WOODMERE ROAD	ND DIRECTORS  DELETE	1.1 TITLE 1.2 NAME 1.3 STREET. 1.4 CITY-ST- 2.1 TITLE	-ZIP	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
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SIGNATURI

14. I hereby certify that the information supplied with this filing does indicated on this annual report or supplements annual report is officer or director of the corporation of the receive or trastee en Block 12 or Block 13 if changed, or or an attachment with an ac

h this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 experimental to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90089 003 \*\*\*158.75