PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Aug 06, 1999 8:00 am Secretary of State 08-06-1999 90001 003 ***550.00

FILED

1999 DOCUMENT #
1. Corporation Name

P95000063789

| | CHRISTMAS CORNERS, INC | Mailing Address | | | | | |
|--|--|---|--|--|---|---|--------------------------|
| , | | • | | | 1 | | |
| 526 Lanterback is Dr 526 Lanterback is Dr Satellite BCH FL 32937 Satellite BCH FL 32937 Satellite BCH FL 32937 | | | | | | | |
| US US | | | | | DO NOT WRITE IN | THIS SPACE | |
| | | | | | 3. Date incorporated or Qualified | | |
| | | | | | 08/17/1995 | | |
| 2. Principal F | Place of Business | 2a. Mailing Address | | | 4. FEI Number | Applied F | or |
| 21 | | 26 | ~ ······· | | 65-0606264 | Not Applic | |
| Suite, Apt. | # etc. | Suite, Apt. #, etc. | | | | \$8.75 Addition | |
| 22 | | 27 | | | 5. Certificate of Status Desired L | Fee Required | |
| City & Stat | te | City & State | | | 6. Election Campaign Financing _ | \$5.00 May B | |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees | |
| Zip | Country | Zip | Count | rv | 8. This corporation owes the current y | | |
| 24 | 25 | 29 | 30 | • | Intangible Personal Property. | Yes 🗌 No | |
| | 9. Name and Address of Curren | | 1001 | | 10. Name and Address of New Regis | | |
| | | | 8 | 1 Name | | | |
| | PRENTICE-HALL CORPORATION I HAYS STREET | SYSTEM, INC. | 8 | 2 Street Add | ress (P.O. Box Number is Not Acceptable) | | |
| | E 105 | | | | | | |
| l | AHASSEE FL 32301 | | 8 | 3 | | | |
| | | | 8 | 4 City | | FL 85 Zip Code | |
| 44 5 | 44- 10-707050 |) 1 007 4500 Ft Ct | | | | | |
| 11. Pursuan | t to the provisions of sections 607,0502 | and 607, 1508. Florida Statute | es, the abov | e-named corbo | pration submits this statement for the purpos | e or changing its registered | |
| | | of Florida. Such change was a | | by the corporati | ion's board of directors. I hereby accept the | appointment as registered | i |
| | registered agent, or both, in the State am familiar with, and accept the obliga | of Florida. Such change was a | | by the corporati | ion's board of directors. I hereby accept the | appointment as registered | • |
| | am familiar with, and accept the obliga | of Florida. Such change was a ations of, section 607.0505, Flo | orida Statute | by the corporati | ion's board of directors. I hereby accept the | | |
| agent. I SIGNATURE | am familiar with, and accept the obligation of t | of Florida. Such change was a stions of, section 607.0505, Flor at and title if applicable. (NO | orida Statute | by the corporati | ion's board of directors. I hereby accept the | DATE | - |
| agent. I SIGNATURE | am familiar with, and accept the obligation of signature, typed or printed name of registered agen OFFICERS AN | of Florida, Such change was a ations of, section 607.0505, Flor t and title if applicable. (NO D DIRECTORS | OTE: Registered | by the corporati | ion's board of directors. I hereby accept the | DATE RS AND DIRECTORS IN | 12 (60) |
| agent. I SIGNATURE 12. TITLE | am familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a second of famil | of Florida. Such change was a stions of, section 607.0505, Flor at and title if applicable. (NO | OTE: Registered | by the corporati | ion's board of directors. I hereby accept the | DATE RS AND DIRECTORS IN | 12 (50) |
| agent. I SIGNATURE 12. TITLE NAME | am familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a second of famil | of Florida, Such change was a ations of, section 607.0505, Flor t and title if applicable. (NO D DIRECTORS | OTE: Registered 13. 1.1 TITLE 1.2 NAME | by the corporati | ion's board of directors. I hereby accept the | DATE RS AND DIRECTORS IN | 12 (50) |
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| agent. I SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | am familiar with, and accept the obligation of four printed name of registered agen OFFICERS AN CD PARKS, THOMAS L 526 LANTER BACK IS OR SATELLITE BCH FL | of Florida, Such change was a ations of, section 607.0505, Flor t and title if applicable. (NO D DIRECTORS | OTE: Registered 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CFTY-4 2.1 TITLE | y the corporati | ion's board of directors. I hereby accept the | Change Ad | 12 (50) |
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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, on on an attachment with an address.

SIGNATURE: