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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

P95000067688 (8) DOCUMENT

CHRISTOPHER-LYN COMPANY

FILED May 05 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Addres	s			a manider ita imiat anni dann aufen aufen aufet iant zufer ihibi idit idit.	
	E SQ UARE BOULEVARD		1400 VILLAGE SOUARE BOULEVARD				
Suite 3-159 Tallahassee FL 32312			SUITE 3-159 TALLAHASSEE FL 32312			DO NOT INDITE IN THE SPACE	
		TALLAMASSEE				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
						09/01/1995	
2. Principal P	Place of Business	2a. Mailing Add	Iress			4. FEI Number Applied For	
21			26			59-3336296 Not Applicable	
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		⊢ ¬ ′	27			5. Certificate of Status Desired Fee Required	
City & Stat	e		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28	28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip		Country		8. This corporation owes or has paid the current year intangible	
24	25	29	30	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Registered Agent	
Pi	HIFËR, DENNIS R			81	Name		
1400 VILLAGE SQUARE BOULEVARD				62 Street Address (P.O. Box Number is Not Acceptable)			
SI	JITE 3-159		0,		Sireet Address (F.O. Box Number is Not Acceptable)		
	ULAHASSEE FL 32312			63			
				84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Flor	ida Statutes, thi	e above	-named	d corporation submits this statement for the purpose of changing its registered proration's board of directors. I hereby accept the appointment as registered	
office or r	registered agent, or both, in the Sta im familiar with, and accept the ob-	ate of Florida. Such chai dinations of Section 607	nge was author ' 0505, Florida S	ized by Statutos	the cor	rporation's board of directors. I hereby accept the appointment as registered	
-		angulario va, ex elicar cor	.00.00, 110.10.10	Diatale			
SIGNATURE	Signature, typed or printed many of registered	agent and title if applicable	(NOTE Regis	stered Age	nt signature	re required when reinstating) DATE.	
12.	OFFICERS A	AND DIRECTORS	1	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE			.1 TITLE		Change Addition		
NAME DENNIS R PHIFER			1	1.2 NAME			
STREET ADDRESS	1400 VILLAGE SQUARE B	LVD. 3-159	1.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP	TALL FL		. 1	.4 CITY-S	T-ZIP		
TITLE			ELETE 2	.1 TITLE		C. Change Addition	
NAME	GEORGORY) R PHIFER		2	2 NAME		(Corlean spelling)	
STREET ADDRESS	115 N MELDOY		2	3 STREET	ADDRESS	(Copport solling)	
CITY-ST-ZIP	LOWELL AR		2 4 0		iI - 71P	(Spening)	
TITLE	3	□ D		1 TITLE		Change Addition	
NAME	BRYAN C PHIFER		3	2 NAME			
STREET ADDRESS	1400 VILLAGE SQUARE BI	LVD 3-159	3.	3 STREET	ADDRESS		
CITY-ST-ZIP	TALL FL		3.	.4. CITY-S	1- <i>2</i> (P		
TITLE	T	D		.1 TITLE		Change Addition	
NAME	JOANN PHIFER		4.	. 2 NAME			
STREET ADDRESS	1400 VILLAGE SQUARE BI	LVD. 3-159	4.	.3 STREET	aduress		
CITY-ST-ZIP	TALL FL		4.	.4 CITY - S	Γ . 		
TITLE				.1 TITLE		Change Addition	
NAME			5.	.2 NAME		JS	
STREET ADDRESS			5.	.3 STREET	ADDRESS		
CITY+ST-ZIP			5.	.4 CITY - S	I - ZIP	55	
TITLE		D D	t. etc	1 TITLE		Change Addition	
NAME			6.	2 NAME		-05/06/00-01/02 000	
STREET ADDRESS				3 STREET	ADDRESS	800002512798 Addition -05/06/9801023002 ***158.75	
CITY-ST-ZIP				4 CHY-S		で不を100.10	
44 Lhoroby		eri, sale tales i resimble de la contrata					

or many does not quarry for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informational report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an introduce ompowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in light an address. indicated on this annual report or supplience of officer or director of the corporation or the right Block 12 or Block 13 if changed, or on an alter