

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000090412 (4)

1. Corporation Name

CHRISTINE INVESTMENT, INC.

Principal Place of Business

C/O RICHARD MITTLEMAN
56 EXCHANGE TERRACE
PROVIDENCE RI 02903

Mailing Address

C/O RICHARD MITTLEMAN
56 EXCHANGE TERRACE
PROVIDENCE RI 02903



3. Date Incorporated or Qualified
11/28/1995

3a. Date of Last Report

4. FEI Number

☒ Applied For
☐ Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE D ☐ DELETE
NAME REGNIER, LOUIS
STREET ADDRESS C/O RICHARD MITTLEMAN
CITY-ST-ZIP PROVIDENCE RI 02903

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P NAME ☐ Change ☒ Addition
1.2 NAME LOUIS REGNIER
1.3 STREET ADDRESS 900 HOSPITAL TRUST PLAZA
1.4 CITY-ST-ZIP PROVIDENCE RI 02903

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME CHRISTINE MARCUS
2.3 STREET ADDRESS 900 HOSPITAL TRUST PLAZA
2.4 CITY-ST-ZIP PROVIDENCE RI 02903

3.1 TITLE T ☐ Change ☒ Addition
3.2 NAME CHRISTINE MARCUS
3.3 STREET ADDRESS 900 HOSPITAL TRUST PLAZA
3.4 CITY-ST-ZIP PROVIDENCE RI 02903

4.1 TITLE S ☐ Change ☒ Addition
4.2 NAME LOUIS REGNIER
4.3 STREET ADDRESS 900 HOSPITAL TRUST PLAZA
4.4 CITY-ST-ZIP PROVIDENCE RI 02903

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 500001733775
5.4 CITY-ST-ZIP -03/06/96--01029--021
***200.00

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

401-331-5700

CR2E034 (12/95)