## 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  1. Corporation Name	#	P9600000725	(7)
Corporation Name			

CHRISTIAN & ASSOCIATES, P.	Α.				
Principal Place of Business	Mailing Address			- 1 1001/60) (IN IBria Brill Abill Abill Bolis Bolis Bolis Abill Abill	fe konin ciani bisi cont
220 EAST MADISON STREET STE 1224 POST OFFICE BOX 340060 TAMPA FL 33602 TAMPA FL 33694		060			
				3. Date Incorporated or Qualified 3a. Date of 12/26/1995	4
2. Principal Place of Business 21	2a. Mailing Address 26			4. FE! Number 59-298-7359	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	7in	Gour 30	ntry	8. This corporation has liability for intangible tax u Florida Statutes Yes No	inder's 199.032,
24 25 9. Name and Address of Co				10. Name and Address of New Registered Age	ent
9. Name and Address of Co	direit negistered agom		81 Name _	, / ^	
CHRISTIAN, TERRY C	004		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
220 EAST MADISON STREET STE 13	224		83		
TAMPA FL 33602					7 - C+do
			84 City	FL	85 Zip Code
or registered agent, or both, in the State of familiar with, and accept the obligations of SIGNATURE	Florida: Such change was author. Section 607.0506, Florida Statute	zed by the C S.	verhames corporation's bos		96
7	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE P	☐ DELETE	111	TLE		Change
NAME CHRISTIAN, TERRY C		12 N	AME		
STREET ADDRESS   220 EAST MADISON STR	REET STE 1224	135	FELT ADORESS		
CITY-ST-ZIP TAMPA FL 33602		1.4 0	ITY - ST - ZIP		Chance
TITLE	DELFTE	2 1 (	ITLE	U	Change
NAME		2 2 N	!		
STREET ADDRESS		238	FREET ADDRESS		
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TITLE	☐ DELETE	3 1 1		L	
NAME		32N			
STREET ADDRESS			STREET ADDRESS		
CITY - ST- ZIP	DELETE	4 1 1	iTY-ST-ZIP		Change Addition
TITLE		42 N		_	
NAME expect approace		1	JREET ADDRESS		
STREET ADDRESS			OTY - \$1 - 20P		
CITY-SE-Z/P TITLE	DELETE		TETLE		Change
NAME	_	52 N	IAME		
STREET ADDRESS			THEE! ADDRESS		
CITY-ST-ZIP			DITY - ST- ZIP		
TITLE	DELETE		TIFLE		Change Addition
NAME		621	NAME		
STHEET ADDRESS		635	STREST ADDRESS		
OUTV PT NO		640	DITY-SI-ZIP		
14 Lide heraby codify that the information sur	oplied with this films is voluntarily fu	irnished and	does not qualify	y for the exemption stated in Section 119.07(3)(k). Florid	da Statutes. I further

I do hereby certify that the information supplied with this tiling is voluntarily furnished and does not quairy for the exemption stated in section 119.07(a)(i). Florida Statutes Tritled 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 £07, 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 TYP O OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/96 (813) 228-7743