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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

FILED

May 12 1997 8:00am

Secretary of State

1 18 61 (BO) 118 1810 BILL BOLL BOLL BELL BELL BRILL BOLL BOLL 18610 18610 11801 BILL BOLL

DOCUMENT # P9600000725 (7)

CHRISTIAN & ASSOCIATES, P.A.

Principal Place of Business Mailing Address													/I 0/4 1001	
220 EAST MADISON STREET STE 1224 POST OFFICE BOX 340060														
TAMPA FL 336	902			TAMPA	FL 33694-0060									
							3. Date Incorporated or Qualified 3a. Date of Last Report 12/26/1995 05/01/1996							
 1	Place of Busine		2a. Mailing Address						4. FEI Number		Ar	oplied For		
21		2	26						59-2987359		No	ot Applicable		
Suite, Apt.	. #, etc.	-	Suite, Apt. #, etc.						5. Certificate of Status Desired			Additional equired		
City & Stat	te	²	City & State						A Floring O			· · · · · · · · · · · · · · · · · · ·		
23		2	28					İ	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country			Zip Cou			nlry		8. This corporation has liability for it			ntangible tax under s. 199.032,		
24	25			29 30							Yes Tho			
9, Name and Address of Current Registered Agent										10. Name and Address of New Reg	istered	Agent		
CHRISTIAN, TERRY C								Namo						
220 EAST MADISON STREET STE 1224							82	Street A	Addres	ddress (P.O. Box Number is Not Acceptable)				
IAW	APA FL 3380	12					83							
												·		
							84	City			FL	85 Zip (Code	
11. Pursuant office or r	to the provision registered age am familiar with	ons of Sections 60 ent, or both, in the	7.0502 and State of FI	d 607.15 orida. S	008, Florida Statut uch change was stion 607,0505, FL	les, the all authorize	JOVE J by	e-named of the corp	corpor oration	ration submits this statement for the pun's board of directors. I hereby accept	irpose o	f changing it pointment as	s registered registered	
	ATT TEATTMENT TOTAL	i, and docopi me	obligations	01, 000	11,6060,100 11010	Oliva Olai	utoa	.						
SIGNATURE	Signature, typed o	r printed name of registe	red agent and	titic if appl	cable (NO)	It : Registore	1 Age	ni signature r	required	when reinstating)	DATE			
12.		OFFICER	S AND DIF	RECTOR	iS	13.				ADDITIONS/CHANGES TO OFFICE	ERS ANI	D DIRECTOR	RS IN 12	
TITLE	P				☐ DELETE	1.1 1)	L F					Change	☐ Addition	
NAME					1.2 N			ŀ						
STREET ADDRESS	220 EAST	eet ste	TE 1224 1.3 SII			HEE1	ADDRESS							
CITY-ST-ZIP	P TAMPA FL 33602				1.4 (T- Z iP						
TITLE					☐ DELETE	2.1 1	LF					Change	Addition	
NAME						2.2 N	ME							
STREET ADDRESS						2.3 S1	REET	ADDRESS						
CITY-ST-ZIP						2.4 C	TY-S	I-ZIP						
TITLE					☐ DELETE	3.1 10	I E					Change	Addition	
NAME						3.2 N/	ME						İ	
STREET ADDRESS						3.3 S1	REE1	ADDRESS						
CITY-ST-ZIP			 			3.4. C	1Y-S	1 - ZIP						
TITLE					DELETE	4.1 10	LE					Change	☐ Addition	
NAME						4. 2 N	AME.	i						
STREET ADDRESS	ļ					4.3 \$1	REET	ADDRESS						
CITY-ST-ZIP						4.4 CI	Y - \$	I - ZIP						
TITLE					DELETE	5.1 TF	LE					Change	Addition	
NAME						5.2 NA	Μŧ							
STREET ADDRESS						5381	REET	ADDRESS						
CITY-ST-ZIP						5.4 Ci	Y-S1	1 - Z iP						
TITLE					DELETE	61 III	L.E					Change	Addition	
NAME						6.2 NA	ME							
STREET ADDRESS						6351	REET.	ADDRESS.						

64CITY-S1-ZIP
14. I do 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, or on an altachment with an address.