FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Jun 09 1997 8:00am
Secretary of State

DOCUMENT # P96000001519 (3)

1. Corporation Name
CHRISTOPHER NA'RYAN & CO., INC.

[redacted]

Principal Place of Business
~~7000 S.W. 68TH STREET MIAMI FL 33155~~
10211 Pines Blvd #114
Pembroke Pines, FL 33026

Mailing Address
~~7000 S.W. 68TH STREET MIAMI FL 33155-5527~~
10211 Pines Blvd
#114
Pembroke Pines, FL
33026

3. Date Incorporated or Qualified: 01/05/1996
3a. Date of Last Report:
4. FEI Number: 65-0654266 — 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21):
Suite, Apt #, etc (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt #, etc. (27):
City & State (28):
Zip (29): Country (30):

9. Name and Address of Current Registered Agent
WALDEN, LINDA L
10211 PINES BLVD.
#114
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent
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 resigning) DATE)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALDEN, LINDA L
STREET ADDRESS	10211 PINES BLVD, #114
CITY-ST-ZIP	PEMBROKE PINES FL 33026
☐ DELETE	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	

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STREET ADDRESS	
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☐ DELETE	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

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

6/9/97

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***173.75

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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 attachment with an address.

SIGNATURE: _____ (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 5/2/97 Daytime Phone #

Marlon P. Chancelor