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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P96000048642

1. Corporation Name CHRISTY'S KIDS, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90008 029 ***150.00

Principal Place of Business Mailing Address) [551]551 tib latte attit estit
801 GUERNSEY STREET 801 GUERNSEY STREET ORLANDO FL 32804 ORLANDO FL 32804 ORLANDO FL 32804				DO NOT WRITE IN THIS SPACE
		_		3. Date Incorporated or Qualifed 05/30/1996
21 415	ace of Business Woodbury Rd.	1 - V	& bury R	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired S8.75 Additional Fee Required
City & State 23 ORLANDO, FL 28 ORLANDO			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
24 3 28	28 [25] Country A	^{zip} 32828 30	Country	8. This corporation owes the current year Intangible Personal Property Tax.
	9. Name and Address of Current	Registered Agent	94 Name	10. Name and Address of New Registered Agent
DELL	K, M CHRISTINA		81 Name	M, CHRISTINA DELK
801 GUERNSEY STREET			82 Street A	ddiess (P.O. Box Number is Not Acceptable)
ORLANDO FL 32804 News			83	413 Weed Dary Race
		addi		2 2 7 2 2 2
		4500 Florido Statutos	84 City	OPLAND FL 85 Zig 238Z8
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, by 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.				
1/2/1/2-4-3/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5				
SIGNATURE // Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstyling) DATE				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	PIT S Addition
NAME	DELK, M CHRISTINA		1.2 NAME	ALT HAND HANDY P.D.
STREET ADDRESS	801 GUERNSEY STREET		1.3 STREET ADDRESS	DELK, M.CHRISTINA 415 Woodbury Rd. ORLANDO, FL 32828
CITY-ST-ZIP	ORLANDO FL 32804 VP	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME	DELK, WILLIAM R		2.2 NAME	
STREET ADDRESS	801 GUERNSEY STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 3280		2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			32 NAME	ļ
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		□ DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE	
NAME			4. 2 NAME 4.3 STREET ADDRESS	
STREET ADDRESS			4.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	51 TTLE	☐ Change ☐ Addition
NAME			5.2 NAME	}
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE 6.2 NAME	☐ Change ☐ Addition
1 -	k			

14. I 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 an advantagement with an address, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP