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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000063799 (6)**

1. Corporation Name
CHRISTY KLEMENTINE CORPORATION

Principal Place of Business	Mailing Address
~~589 LITTLE RIVER LOOP #282~~ ~~ALTAMONTE SPRINGS FL 32714~~	~~589 LITTLE RIVER LOOP #282~~ ~~ALTAMONTE SPRINGS FL 32714-1748~~

3. Date Incorporated or Qualified: 07/30/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21 1249 Semoran Blvd.
Suite, Apt. #, etc.
22 Suite 105
City & State
23 Casselberry FL
Zip 24 32707 Country 25 USA

2a. Mailing Address
26 1249 Semoran Blvd.
Suite, Apt. #, etc.
27 Suite 105
City & State
28 Casselberry, FL
Zip 29 32707 Country 30 USA

4. FEI Number: 59-3392500 ☐ 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

9. Name and Address of Current Registered Agent

KLEMENS, JEROME S
~~589 LITTLE RIVER LOOP #282~~
~~ALTAMONTE SPRINGS FL 32714~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1249 Semoran Blvd.
83 Suite 105
84 City: Casselberry **FL** 85 Zip Code: 32707

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 of previous or new Registered Agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	KLEMENS, JEROME S	12 NAME	
STREET ADDRESS	589 LITTLE RIVER LOOP, #282	13 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	14 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	KLEMENS, SANDRA A	22 NAME	
STREET ADDRESS	589 LITTLE RIVER LOOP, #282	23 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (9/96)

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: Sandra Anne Klemens Secretary/Treasurer Sandra Anne Klemens 3/19/97 (407)673-9449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #