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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P96000070698 (1)

Principal Place of Business	Mailing Address		
4084 FRUITVILLE ROAD	4064 FRUITVILLE ROAD		
SARASOTA FL 34232	SARASOTA FL 34232		

FILED Jan 20 1998 8:00am Secretary of State

CHHIS	TINE'S HAIM	SALUN, INC.						
Principal Plac	e of Business		Mai	ling Address				T IN DISKORI IND ADVIR DAINT DENKI DOKKI DOKKI DOKKI DOKKI DOKU DOKU DOKU DIKUD IDIRI INDIK
4084 FRUITV	ILLE ROAD		40	64 FRUITVILLE ROAD				
SARASOTA FL 34232 SARASOTA FL 34232					DO NOT MIDITE IN THIS SPACE			
								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
								08/15/1996
2. Principal P	lace of Business		2a.	Mailing Address				4. FEI Number Applied For
21			26	•				65-0691930 Not Applicab
			Suite, Apt. #, etc.				CO 75 Additional	
22			27					5. Certificate of Status Desired Fee Required
City & State			City & State					6. Election Campaign Financing \$5.00 May Be
23			28					Trust Fund Contribution Added to Fees
Zip	— —	Country	├ ──	Zip	—	untry	1	B. This corporation owes or has paid the current year intangible
24	25	Address of Curren	29	rend Agent	30	т—		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
			Linopiate	Neu Agent		81	Name	
	HITEHOUSE, CH					L	142000	
	64 FRUITVILLE					82	Street A	Address (P.O. Box Number is Not Acceptable)
54	irasota fl 34	232				83		
						L		
						84	City	FL 85 Zip Code
11, Pursuant	to the provisions	of Sections 607.050	2 and 60	7.1508, Florida Statu	tes, the a	bove	e-named c	corporation submits this statement for the purpose of changing its registere
l office or r	registered agent.	or bo th, in the State	of Florida	a Such change was Section 607.0505, F	authorize	d by	the corpo	poration's board of directors. I hereby accept the appointment as registered
		ta decept the oblige		000,000,0000,0000,0000,0000,0000,0000,0000	.0.,			
SIGNATURE	Signature, typed or prin	lad name of registered age	nt and litie if	applicable (NO	TE Registere	ed Age	ent signature re	e required when reinstaling) DATE
12.	· · ·	OFFICERS AND	DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			☐ DELETE	1.1 T			Change Addition
NAME		SE, CHRISTINE			1.2 N	AME		
STREET ADDRESS	4064 FRUIT						ADDRESS	
CITY-ST-ZIP	SARASOTA	FL 34232		DELETE			I - ZIP	Change Additio
TITLE					211		İ	t Change C Addition
NAME					2.2 N		1000000	
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP TITLE				☐ DELETE	3.1 1		ST-ZIP	Change Additio
NAME				Decem	3.2 N			
STREET ADORESS							ADDRESS	
CITY-ST-ZIP					3		ST-ZIP	
TITLE				☐ DELETE	4.1 7		+	Change Additio
NAME					4.21	NAME		
STREET ADDRESS					4.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	<u> </u>				4.4 C	<u> 11Y - S</u>	T-ZIP	
TITLE				DELETE	5.1 11	ITLE		Change Additio
NAME	i				5.2 N	AME		
STREET ADDRESS					538	TREET	ADDRESS	
CITY-ST-ZIP					_		T-ZIP	
TITLE				☐ DELETÉ	6.1 7			Change Additio
NAME					6.2 N			
STREET ADDRESS					6.3 S	TREET	ADDRESS	
CITY-ST-ZIP					6.4 C	ITY-S	T-ZIP	

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 approvered 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.

941-924-9255