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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT-OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000100814

1. Corporation Name

KRISTI PROPERTIES, INC.

Principal Place of Business	
7330 WEST 20TH AVE	

Mailing Address

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90231 018 ***158.75



Applied For Not Applicable 8.75 Additional Fee Required			
Applied For Not Applicable 8.75 Additional			
Not Applicable 8.75 Additional			
8.75 Additional			
5.00 May Be Added to Fees			
ole Yes ÆNo			
nt			
2 Street Address (P.O. Box Number is Not Acceptable)			
Zip Code			
- Y			

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: Rec	pistered Agent signature re	guired when reinstating)	DATE	<u>.</u>		
12.	Signature, typed or printed name or registered agent and use in appreciate.							
TITLE	D 🗆	DELETE	1,1 TITLE	,	☐ Change	☐ Addition		
NAME	COSTA, REINALDO		1.2 NAME					
STREET ADDRESS	7330 WEST 20TH AVE.		1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI LAKES FL 33016-1835		1.4 CITY-ST-ZIP					
TITLE	D	DELETE	2.1 TITLE	•	Change	Addition		
NAME	COSTA, HELEN C		2.2 NAME					
STREET ADDRESS	7330 WEST 20TH AVE.		2.3 STREET ADDRESS					
CITY+ST-ZIP	MIAMI LAKES FL 33016-1835		2. 4 CITY-ST-ZIP					
TITLE		DELETE	3.1 TITLE	•	☐ Change	- Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4, CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE		☐ Change	Addition Addition		
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		DELETE	5,1 TITLE		☐ 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		☐ Change	☐ Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-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 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 with all other like empowered.

SIGNATURE: