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 # P9700084644

1. Corporation Name

CHRISHANS PROPERTIES, INC.

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90239 015 ***150.00



Principal Place of Business Mailing Address						
4601 HWY, A-1-A, UNIT 306 4601 HWY, A-1-A, UNIT 306						
VERO BEACH F	L 32903	VERO BEACH FL 32963			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					09/30/1997	
2. Principal Pl	ace of Business	2a. Mailing Address 26 809 VAUCLAIN PX			4. FEI Number Applied For	
21		26 809 VHUC	LH.	IN I	65-0792371 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	
		27 City & States				
City & State	•	PRIM MAI	1)6	\mathcal{D}_{I}	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23 7in	Country	28 D/1 4/1 1/1/17 C	Countr	<i>[_]</i>		
Zip	Country] /	K A	8. This corporation owes the current year Intangible Personal Property Tax.	
24	9 Name and Address of Current		┸╌┰┺	<u> </u>	10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent 81				1 Name		
FENNELL, TODD W			8:	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
979 BEACHLAND BLVD. VERO BEACH FL 32963			8	<u> </u>		
VER	A PEVOLLE RESON					
			8	'	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 w					uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D HANCON MADTUA M	☐ 0cc:c	1.1 IIILE 1.2 NAME			
NAME.	HANSON, MARTHA M					
STREET ADDRESS	4601 HWY. A-1-A, UNIT 306			ET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32963	DELETE	1.4 CITY- 2.1 TITLE		☐ Change ☐ Addition	
TITLE	D DETER C		2.1 VIILE		, ,	
NAME	HANSON, PETER S					
STREET ADDRESS	4601 HWY. A-1-A, UNIT 306		2.4 CITY	ET ADDRESS		
CITY-ST-ZIP TITLE	VERO BEACH FL 32963	DELETE	3.1 TITLE		☐ Change ☐ Addition	
		_ beech	3.2 NAME	- 1		
NAME CTREET ADDRESS	,			ET ADDRESS	·	
STREET ADDRESS			3.4. CITY			
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4, 2 NAM			
STREET ADDRESS	!			ET ADDRESS		
CTTY-ST-ZIP			4.4 CITY-			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME	1		
STREET ADORESS			5.3 STRE	ET ADDRESS	,	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TILE		(DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME	:		
STREET ADDRESS			6.3 STRE	ET ADDRESS	•	
CITY-ST-ZIP.			6.4 CITY	ST-ZIP		
Unit - U LIF . P V						

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 on an attachment with an address, with all other like empowered.

SIGNATURE: