## 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

FILED Feb 09 1998 8:00am Secretary of State

DOCUI 1. Corporatio PATTI	MENT # <b>P97000</b> A. CHRISTENSEN, P.A.	0085850 (0)	1		
Principal Plac		Mailing Address		- 10000000 110 10011 10011 00111 00111 00111 00111	alal fish (biat hill buil fill)
		24 CATHEDRAL PLACE SUITE 506			
ST. AUGUSTINE FL 32084		ST. AUGUSTINE FL 32084		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	1
]	_			10/03/1997	
<del></del>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	# ata	26		59-3472890	Not Applicable
Sulte, Apt.	#, GtC.	Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	Đ	City & State		Election Compaign Financiae	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29]	30	Personal Property Tax due June 30.	☐ Yes ☐ No
	g. Name and Address of Current	t Registered Agent		10. Name and Address of New Registere	d Agent
	RISTENSEN, PATTI A		81 Name		
24 CATHEDRAL PLACE SUITE 508			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	. AUGUSTINE FL 32084		83		
Ş1.	AUGUSTINE FL 32004		83		
			84 City	F	85 Zip Code
44 Pursuant	to the provisions of Sections 607 0503	2 and 607 1508 Florida Statut	lee the show named core	poration submits this statement for the purpose	<del></del> , , ,
office or re	egistered agent, or both, in the State of the familiar with, and accept the obligation	of Florida. Such change was :	authorized by the corpora	tion's board of directors. I hereby accept the ap	opointment as registered
_	m tamiliai with, and accept the boliga	mens or, Section 607.0505, Fi	orida Statutes.		
SIGNATURE	Signature, typod or profed name of regelered ager	t and blie if apply able (NOT	f. Registered Agent signature requi	red wher reinstating) DATE	<del></del>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	CHRISTENSEN, PATTI A	[] DELETE	1.1 TITLE		Change Addition
NAME	24 CATHEDRAL PLACE SUITE	508	1.2 NAM(		
STREET ADDRESS	ST. AUGUSTINE FL 32084	. 500	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	1.4 CHY-ST-ZIP 2.1 HTLF		Change Addition
NAME			22 NAME		CT Cutaillo CT Vanctour
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY- ST- ZIP		
TITLE		DELETE	3.1 TO LE		Change Addition
NAME			3.2 NAME		
STREET ADURESS			3.3 STREET ADDRESS		1
CITY-ST-ZIP			3.4. City-St-7/P		
TITLE		DELETE	4 1 THILF		Change Addition
NAME			4. 2 NAMF		
STREET ADDRESS			4.3 STREET ADDRESS		}
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		E comingo E yadakidir
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-7IP			5.4 CITY - ST - 71P		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 C(TY - S1 - ZIP		
14. I hereby c	ertify that the information supplied wit	h this filing does not qualify for	or the exemption stated in	Section 119.07(3)(i), Florida Statutes, I further our shall have the same legal effect as if made.	certify that the information

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 suppliemental 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.

CICNIATUDE:

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1-28-98

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