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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P9800003197

## **FILED** Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90059 029 \*\*\*150.00

CHRISTIAN JOSEPH FISCHER, INC	<b>;</b> ,						
Principal Place of Business	Mailing Address		~~~		II <b>Baige</b> (148) 148(8	10111 (001 1001	
506 PINE STREET	506 PINE STREET						
NEPTUNE BEACH FL 32266 NEPTUNE BEACH FL 322		5		DO NOT WRITE IN TH	IC CDACE		
				3. Date Incorporated or Qualifed	- SPACE		
				1		ļ	
	2 Mailing Addrson			01/12/1998 4. FEI Number	Δn	plied For	
2. Principal Place of Business	2a. Mailing Address	•		1 59 - 3486769	<u> </u>	ot Applicable	
1 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75		
<u></u>	27	·		5.=Certificate of Status Desired	Fee Re	equired	Œ.
City & State	City & State			6. Election Campaign Financing	\$5.00	May Be	
23	28			Trust Fund Contribution		to Fees	
Zip Country	Zip	Coun	try	8. This corporation owes the current year	Intangible		
24 25	29	30		Personal Property Tax.	X Yes	□No	
9. Name and Address of Curre				10. Name and Address of New Registers	d Agent		
			Name			į	
FISCHER, CHRISTIAN J			32 Street Addr	ess (P.O. Box Number is Not Acceptable)			
506 PINE STREET			ou cot y tadi				
NEPTUNE BEACH FL 32266		1	33			-	
		-	34 City		85 Zip	Code	
11. Pursuant to the provisions of Sections 607.05				F	L     '		
agent I am familiar with and accept the oblic		ida Statut	es.	on's board of directors. I hereby accept the app	-		
agent. I am familiar with, and accept the oblig  SIGNATURE  Signature, typed or printed name of registered at		ida Statut	es. gent signature required	d when reinstating) DATE			á
agent. I am familiar with, and accept the oblig  SIGNATURE  Signature, typed or printed name of registered as	gent and true if applicable. (NOTE:	ida Statut	es. 		AND DIRECTO		1,00)
agent. I am familiar with, and accept the oblig  SIGNATURE  Signature, typed or printed name of registered ag	gent and true if applicable. (NOTE:	Registered A	gent signature required	d when reinstating) DATE		DRS IN 12	(41/00)
agent. I am familiar with, and accept the oblig  SIGNATURE  Signature, typed or printed name of registered agents. 12. OFFICERS A	gent and true if applicable. (NOTE:	Registered A	gent signature required	d when reinstating) DATE	AND DIRECTO		(44/06)
SIGNATURE  Signature, typed or printed name of registered as OFFICERS ATTILE  PTSD	gent and true if applicable. (NOTE:	Registered A  13.  1.1 TITL  1.2 NAM	gent signature required	d when reinstating) DATE	AND DIRECTO		(44/06)
SIGNATURE SIGNATURE Signature, typed or printed name of registered as OFFICERS ATTILE NAME PTSD FISCHER, CHRISTIAN J	gent and title if applicable. (NOTE: NND DIRECTORS	Registered A  13.  1.1 TITL  1.2 NAM  1.3 STR	gent signature required E	d when reinstating) DATE	AND DIRECTO	☐ Addition	700/14/00/
SIGNATURE  SIGNATURE  SIgnature, typed or printed name of registered at OFFICERS ATTILE  NAME  STREET ADDRESS  PARTITION TO STREET  NAME AND STREET ADDRESS  SIGNATURE OFFICERS ATTILE  PTSD  FISCHER, CHRISTIAN J  506 PINE STREET	gent and true if applicable. (NOTE:	Registered A  13.  1.1 TITL  1.2 NAM  1.3 STR	gent signature required E ME EET ADDRESS	d when reinstating) DATE	AND DIRECTO		CD2E024 (44,00)
SIGNATURE  SIgnature, typed or printed name of registered at OFFICERS ATTILE  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  PARMILIAN J STREET  NEPTUNE BEACH FL 32266	gent and title if applicable. (NOTE: NND DIRECTORS	Registered A  13.  1.1 TITL  1.2 NAA  1.3 STR  1.4 CITY	gent signature required E IE EET ADDRESS '-ST-ZIP E	d when reinstating) DATE	AND DIRECTO	☐ Addition	ODDE024 (44/00)
SIGNATURE  SIgnature, typed or printed name of registered at OFFICERS ATTILE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  PTSD FISCHER, CHRISTIAN J 506 PINE STREET NEPTUNE BEACH FL 32266	gent and title if applicable. (NOTE: NND DIRECTORS	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA	gent signature required E IE EET ADDRESS '-ST-ZIP E	d when reinstating) DATE	AND DIRECTO	☐ Addition	CD2EC34 (44/00)
SIGNATURE  SIgnature, typed or printed name of registered at OFFICERS AT TITLE  NAME  PTSD  FISCHER, CHRISTIAN J  506 PINE STREET  NEPTUNE BEACH FL 32266  TITLE  NAME	pent and title if applicable. (NOTE: NDD DIRECTORS  DELETE	Registered A 13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITI 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 2.4 CITI 2.5 CITIC 2.7 TITL 2.7 NAA 2.3 STR 2.4 CITIC 2.7 CITIC	gent signature required E IE EET ADDRESS '-ST-ZIP E IE EET ADDRESS Y-ST-ZIP.	d when reinstating) DATE	AND DIRECTO Change	☐ Addition	(44,06)
SIGNATURE  Signature, typed or printed name of registered as OFFICERS ATTILE  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS	gent and title if applicable. (NOTE: NND DIRECTORS	Registered A  13. 1.1 TIT. 1.2 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR	gent signature required E IE EET ADDRESS '-ST-ZIP E IE EET ADDRESS Y-ST-ZIP.	d when reinstating) DATE	AND DIRECTO Change	☐ Addition	J CD2E034 (41/08)
agent. I am familiar with, and accept the oblig  SIGNATURE  Signature, typed or printed name of registered as  12. OFFICERS A  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TOTALE  STREET ADDRESS  CITY-ST-ZIP  TOTALE  STREET ADDRESS  CITY-ST-ZIP	pent and title if applicable. (NOTE: NDD DIRECTORS  DELETE	Registered A  13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA	gent signature required  E HE EET ADDRESS '-ST-ZIP E HE EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP	d when reinstating) DATE	AND DIRECTO Change	☐ Addition	(44,00)
Agent. I am familiar with, and accept the oblig  SIGNATURE  Signature, typed or printed name of registered at  12. OFFICERS A  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  LITY-ST-ZIP  TITLE  TITLE  TITLE  NAME  STREET ADDRESS  LITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  FISON  FISON  SIGNATURE  FISON  SIGNATURE  FISON  SIGNATURE  FISON  SIGNATURE  SIGNATURE  FISON  SIGNATUR	pent and title if applicable. (NOTE: NDD DIRECTORS  DELETE	Registered A  13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA	gent signature required  E  IE  EET ADDRESS  '-ST-ZIP  E  IE  EET ADDRESS  Y-ST-ZIP  E	d when reinstating) DATE	AND DIRECTO Change	☐ Addition	(44,08)
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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 appear with an address, with all other like empowered.