

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

95 MAR 15 AM 10:02

DOCUMENT # V66233

(0)

1. Corporation Name

CHRISTIE VAN CLEVE INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2900 W SAMPLE RD
STE 1509
POMPANO BEACH FL 33445
US

Mailing Address

3830 ARELIA DRIVE NORTH
DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/23/1992

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0349344

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

CAMPBELL, CHRISTIE
3830 ARELIA DRIVE NORTH
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

CHRISTIE CAMPBELL

9 N.W. 9th STREET

DELRAY BEACH FL

33445

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAMPBELL, CHRISTIE
STREET ADDRESS	3830 ARELIA DRIVE NORTH
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D
NAME	MULARZ, DONALD
STREET ADDRESS	3830 ARELIA DR NO
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	> SAME	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	9 N.W. 9th STREET	
1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445	
2.1 TITLE	> SAME	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	9 N.W. 9th STREET	
2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTIE L. CAMPBELL

2-28-95

(507) 274-7052