

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V66233

(0)

1. Corporation Name

CHRISTIE VAN CLEVE INC.



Principal Place of Business

2900 W SAMPLE RD
STE 1509
POMPANO BEACH FL 33445
US

Mailing Address

9 N.W. 9TH STREET
DELRAY BEACH FL 33444
US

2. Principal Place of Business

21 521 EAST ATLANTIC AVE.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

DELRAY BEACH, FL.

27 City & State

28 City & State

24 Zip

33483

25 Country

Palm Beach

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CAMPBELL, CHRISTIE
9 NW 9TH STREET
DELRAY BEACH FL 33444

3. Date Incorporated or Qualified

09/23/1992

3a. Date of Last Report

03/15/1995

4. FEI Number

65-0349344

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 date of signature

NOTE: Registered Agent signature required when registered

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CAMPBELL, CHRISTIE
STREET ADDRESS 9 NW 9TH STREET
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ DELETE

NAME MULARZ, DONALD
STREET ADDRESS 9 NW 9TH STREET
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE

☐ Change

☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE

☐ Change

☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 TITLE

☐ Change

☐ Addition

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

27 TITLE

☐ Change

☐ Addition

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35 TITLE

☐ Change

☐ Addition

36 NAME

37 STREET ADDRESS

38 CITY-ST-ZIP

39 TITLE

☐ Change

☐ Addition

40 NAME

41 STREET ADDRESS

42 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:

Christie L. Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTIE L. CAMPBELL 420-96 (407) 274-2011

Encl

Daytime Phone

CR2E034 (12/95)