## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90179 011 \*\*\*150.00

## 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	#	V	66	233
1 Corporation Name	٠.		VV.	

Corporation Name

CHRISTIE VAN CLEVE INC.

e of Business	Mailing Address							
ANTIC AVE	9 N.W. 9TH STREET							
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Country	<u> </u>	າ ່	У		· ·	rrent year In		m.
25		<u> </u>						□No
9. Name and Address of Curre	nt Registered Agent			<del></del>	10. Name and Address of New	Registered	Agent	-
IDDE: ALIDIATIE		81	Na	ime				
· · · · · · · · · · · · · · · · · · ·		82	2 St	reet Addre	ess (P.O. Box Number is Not Accep	table)		
RAY BEACH FL 33444		83	3					
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to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes,	the abov	/e-na	med corpo	oration submits this statement for th	e purpose o	f changing its	registered
egistered agent, or both, in the State	e of Florida. Such change was autho	onzea by	y tne	corporatio	n's board of directors. I hereby acc	ept the appo	ontment as reg	gisterea
in ramiliar with, and accept the cong	ations of Section 607.0000, Florida	Olatote.	٥.					
Signature, typed or printed name of registered ag	erit and title if applicable. (NOTE, Rec	stered Age	ent sign	ature required	when reinstating)	DATE		
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	Country  25  9. Name and Address of Curre  PBELL, CHRISTIE  99TH STREET  RAY BEACH FL 33444  to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig  Signature, lyped or printed name of registered ag	Signature, typed or printed name of registered agent and bits if applicable.  9 N.W. 9TH STREET DELRAY BEACH FL 33444 US  9 N.W. 9TH STREET DELRAY BEACH FL 33444 US  2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Country Zip 29 30 9. Name and Address of Current Registered Agent  PBELL, CHRISTIE V 9TH STREET RAY BEACH FL 33444  To the provisions of Sections 607.0502 and 607.1508, Florida Statutes, egistered agent, or both, in the State of Florida. Such change was author familiar with, and accept the obligations of, Section 607.0505, Florida  Signature, typed or printed name of registered agent and bits if applicable. (NOTE. Re	NTIC AVE L 33483  PROPERTY BEACH FL 33444 US  Lace of Business  2a. Mailing Address 26  #, etc.  Suite, Apt. #, etc.  City & State 28  Country Zip Country Zip Country 25 9. Name and Address of Current Registered Agent  PRELL, CHRISTIE V 9TH STREET RAY BEACH FL 33444  83  Rot the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above egistered agent, or both, in the State of Florida. Such change was authorized by m familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  Signature, typed or printed name of registered agent and title if applicable.  (NOTE. Registered Agent end of the state of Policial Statute)  Signature, typed or printed name of registered agent and title if applicable.  (NOTE. Registered Agent and Statute)	DELRAY BEACH FL 33444 US  Lace of Business  Lace	NTIC AVE L 33483  DELRAY BEACH FL 33444 US  DELRAY BEACH FL 33444  DELRAY BE	NTIC AVE L 33483  DO NOT WF  DO NOT WF  3. Date incorporated or Qualifer 09/23/1992  4. FEI Number 65-0349344  #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  B. This corporation owes the cupersonal Property Tax.  9. Name and Address of Current Registered Agent  Name  PBELL, CHRISTIE  V 9TH STREET  RAY BEACH FL 33444  82  Street Address (P.O. Box Number is Not Accept  By Street Address (P.O. Box Number is Not Accept  By Street Address of Current Registered Such change was authorized by the corporation's board of directors. I hereby accept from familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE. Registered Agent signature required when reinstating)	NTIC AVE L 33483  DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed  09/23/1992  ace of Business  2a. Mailing Address 26  Suite, Apt. #, etc.  5. Certificate of Status Desired  City & State 6. Election Campaign Financing Trust Fund Contribution  Country Zip Country B. This corporation owes the current year in Personal Property Tax.  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered  81 Name  PBELL, CHRISTIE  V 9TH STREET  AVY BEACH FL 33444  83  84 City  FI  to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of egistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the apport of a printed name of registered agent and tite if applicable.  (NOTE. Registered Agent signature required when reinstating)  DATE	NTIC AVE L 33483  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 09/23/1992  ace of Business  2a. Mailing Address 26  4. FEI Number 65-0349344  No 4. FEI Number 65-0349344  R, etc. 27  5. Certificate of Status Desired Fee Re City & State 6. Election Campaign Financing Trust Fund Contribution Added to Personal Property Tax.  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  PBELL, CHRISTIE V9TH STREET TAY BEACH FL 33444  B4 City  FL 85 Zip C  Street Address (P.O. Box Number is Not Acceptable)  B5 Zip C  Street Address of Dr. 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its segistered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regimeter, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regimeter, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regimeter, provided name of registered agent and title if applicable.  (NOTE. Registered Agent signature required when reinstalling)  DATE

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

6.4 CITY-ST-ZIP

**SIGNATURE:** 

USE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3099 SULVY 2011

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