


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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90092 037 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97953**

1. Corporation Name  
**CHRISHAWN ASSOCIATES, INC.**



Principal Place of Business MANASOTA INDUSTRIAL PARK 4693 19TH STREET COURT EAST BRADENTON FL 34203	Mailing Address MANASOTA INDUSTRIAL PARK 4693 19TH STREET COURT EAST BRADENTON FL 34203
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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3. Date Incorporated or Qualified <b>09/02/1982</b>	4. FEI Number <b>57-0694360</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CASO, GEORGE**  
**307 69TH STREET, NW**  
**BRADENTON FL 34209**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANGELI, LUNDA</b>	1.2 NAME	
STREET ADDRESS	<b>1121-PALMA SOLA BLVD.-</b>	1.3 STREET ADDRESS	<b>5006 50th Ave. W.</b>
CITY-ST-ZIP	<b>BRADENTON, FL 00000-</b>	1.4 CITY-ST-ZIP	<b>Bradenton, FL 34210</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANGELI, ALEXANDER</b>	2.2 NAME	
STREET ADDRESS	<b>1121-PALMA SOLA BLVD.</b>	2.3 STREET ADDRESS	<b>5006 50th Ave. W.</b>
CITY-ST-ZIP	<b>BRADENTON, FL 00000-</b>	2.4 CITY-ST-ZIP	<b>Bradenton, FL 34210</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASO, DONNA R</b>	3.2 NAME	
STREET ADDRESS	<b>307 69TH ST, NW</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON, FL 00000 34209</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASO, GEORGE W</b>	4.2 NAME	
STREET ADDRESS	<b>307 69TH ST, NW</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON, FL 00000 34209</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 as an attachment with an address with all other like empowered.

SIGNATURE: *Alexander Angeli* **Alexander Angeli** **President** Date: **4/30/99** Daytime Phone #: **941/745-2254**

CR2E034 (1/98)