FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 20 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J85415** **(4)**

1. Corporation Name
CHRISTENSEN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% PAUL CHRISTENSEN 1717 LEE RD ORLANDO FL 32810	% PAUL CHRISTENSEN 1717 LEE RD ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2911139 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 4629 South ORANGE BLOSSOM TRAIL	Suite, Apt. #, etc. ← SAME
City & State 23 ORLANDO FL	City & State 28
Zip / Country 24 32839 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHRISTENSEN, PAUL 1717 LEE RD ORLANDO FL 32810	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	PRESIDENT DIRECTOR	☒ Change ☐ Addition
NAME	CHRISTENSEN, FREDERICK	1.2 NAME		
STREET ADDRESS	1717 LEE RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	32810	
TITLE	S	2.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	OTTO, SARAH L.	2.2 NAME		
STREET ADDRESS	4629 S ORANGE BLOSSOM TR	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	32839	
TITLE	DV	3.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	CHRISTENSEN, ELIZABETH	3.2 NAME		
STREET ADDRESS	4629 S ORANGE BLOSSOM TR	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	32839	
TITLE		4.1 TITLE	VICE PRESIDENT, TREASURER	☐ Change ☒ Addition
NAME		4.2 NAME	DAVID L. COBB	
STREET ADDRESS		4.3 STREET ADDRESS	4629 SOUTH ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORLANDO FL 32839	
TITLE		5.1 TITLE	ASST. SECRETARY	☐ Change ☒ Addition
NAME		5.2 NAME	SUSAN M. DILL	
STREET ADDRESS		5.3 STREET ADDRESS	4629 SOUTH ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE		6.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		6.2 NAME	PAUL E. CHRISTENSEN	
STREET ADDRESS		6.3 STREET ADDRESS	1717 LEE ROAD	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ORLANDO, FL 32810	

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)(i), Florida Statutes. I further certify that the information indicated on this 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 added above with an address.

SIGNATURE: DAVID L. COBB V.P. 4/10/95 407-855-3045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0284890 CP