FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name
CHRISTENSEN ENTERPRISES, INC.

Principal Place of Business
4629 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32839
US

Mailing Address
4629 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32839
US

3. Date Incorporated or Qualified: 07/28/1987
3a. Date of Last Report: 04/20/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 333 THORPE RD.
Suite, Apt. #, etc.
27
City & State
28 ORLANDO, FL
Zip 29 32824 Country 30

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

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

9. Name and Address of Current Registered Agent
CHRISTENSEN, PAUL E.
1717 LEE RD
ORLANDO FL 32810

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 607.0508, 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
(If changing the Registered Agent, the new Registered Agent must sign above) (NEW Registered Agent signature required when adding new agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ 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	
TITLE	S ☐ DELETE	2.1 TITLE	☐ 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	
TITLE	VP ☐ DELETE	3.1 TITLE	☐ 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	
TITLE	VPT ☐ DELETE	4.1 TITLE VP, CFO	☐ Change ☐ Addition
NAME	COBB, DAVID L	4.2 NAME	
STREET ADDRESS	4629 SOUTH ORANGE BLOSSOM TRAIL	4.3 STREET ADDRESS	
CITY, ST, ZIP	ORALNDO FL	4.4 CITY, ST, ZIP	
TITLE	AS ☐ DELETE	5.1 TITLE AS, T	☐ Change ☐ Addition
NAME	DILL, SUSAN A	5.2 NAME	
STREET ADDRESS	4629 SOUTH ORANGE BLOSSOM TRAIL	5.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	5.4 CITY, ST, ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CHRISTENSEN, PAUL E	6.2 NAME	
STREET ADDRESS	1717 LEE ROAD	6.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	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)(ee), 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: V.P. D.L. COBB 2/6/96 407-888-2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)