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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 32838
US

Mailing Address
333 THORPE ROAD
ORLANDO FL 32824-8136
US



2. Principal Place of Business
21 333 THORPE RD
Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

22 City & State
23 ORLANDO, FL
Zip 32824 Country US

27 City & State
28 Zip Country

3. Date Incorporated or Qualified
07/28/1987

3a. Date of Last Report
02/15/1996

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 607.1508, 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 title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PO	CHRISTENSEN, FREDERICK	1717 LEE RD	ORLANDO FL	<input type="checkbox"/>
S	OTTO, SARAH L.	4629 S ORANGE BLOSSOM TR	ORLANDO FL	<input type="checkbox"/>
VP	CHRISTENSEN, ELIZABETH	4629 S ORANGE BLOSSOM TR	ORLANDO FL	<input type="checkbox"/>
VPCF	COBB, DAVID L	4629 SOUTH ORANGE BLOSSOM TRAIL	ORLANDO FL	<input checked="" type="checkbox"/>
AST	DILL, SUSAN A	4629 SOUTH ORANGE BLOSSOM TRAIL	ORLANDO FL	<input type="checkbox"/>
D	CHRISTENSEN, PAUL E	1717 LEE ROAD	ORLANDO FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 on an attachment with an address.

SIGNATURE: Paul E. Christensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97 427-249-1900
Date Daytime Phone