



STATE OF ARIZONA
CORPORATION COMMISSION



BUSINESS CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE

FOR FISCAL YEAR ENDING 1/31/97

DUE ON OR BEFORE 5/15/97

The following information is required by A.R.S. §10-125 for all general corporations organized for profit, professional corporations, and business trusts authorized to transact business in Arizona. The Commission's authority to prescribe this form is A.R.S. §10-142. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

Corporation Name: CHRISTIFULLI CORPORATION
Address: 8229 E. CHARTER OAK

A.C.C. CORPORATIONS DIV.
RECEIVED

City, State, Zip: SCOTTSDALE, AZ 85260

DEC 08 1999

Corporation File: 0740228-3

Domicile: ARIZONA

Type: PROFIT

Arizona Statutory Agent:

Street Address:

(NOT P.O. BOX)

G. GREGORY EAGLEBURGER
2999 N. 44 STREET # 600
PHOENIX, AZ 85018

DOCUMENTS ARE SUBJECT
TO REVIEW BEFORE FILING

City, State, Zip:

~ If appointing a new statutory agent, the new agent MUST consent to that appointment and PRESIDENT or VICE PRESIDENT must sign this report. ~

I, (individual) or We, (corporation) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

45 pd w ext 10/15/97

PAID
54

Statutory Agent

Foreign Corporations list Address in Domicile Jurisdiction:

Street/P. O. Box

City, State, (Country) Zip

1. Check one or more of the categories below which best describe the CHARACTER OF BUSINESS of your corporation in Arizona.

- | | | |
|---|---|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 16. General Consulting | <input type="checkbox"/> 31. Restaurant/Bar |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 17. Health Care | <input type="checkbox"/> 32. Retail Sales |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 18. Hotel/Motel | <input type="checkbox"/> 33. Science/Research |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 19. Import/Export | <input type="checkbox"/> 34. Sports/Sporting Events |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 20. Insurance | <input type="checkbox"/> 35. Tax Services |
| <input type="checkbox"/> 6. Attorneys at Law | <input type="checkbox"/> 21. Legal Services | <input type="checkbox"/> 36. Technology (Computer) |
| <input type="checkbox"/> 7. Banking/Finance | <input type="checkbox"/> 22. Manufacturing | <input type="checkbox"/> 37. Technology (General) |
| <input type="checkbox"/> 8. Barbers/Cosmetology | <input type="checkbox"/> 23. Medicine/Dentistry | <input type="checkbox"/> 38. Television/Radio |
| <input type="checkbox"/> 9. Construction | <input type="checkbox"/> 24. Mining | <input type="checkbox"/> 39. Tourism/Convention Services |
| <input type="checkbox"/> 10. Contractor | <input type="checkbox"/> 25. News Media | <input type="checkbox"/> 40. Transportation |
| <input type="checkbox"/> 11. Credit/Collection | <input type="checkbox"/> 26. Pharmaceutical | <input type="checkbox"/> 41. Utilities |
| <input type="checkbox"/> 12. Education | <input type="checkbox"/> 27. Publishing/Printing | <input type="checkbox"/> 42. Veterinary Medicine/
Animal Care |
| <input type="checkbox"/> 13. Engineering | <input type="checkbox"/> 28. Ranching/Livestock | <input type="checkbox"/> 43. Other _____ |
| <input type="checkbox"/> 14. Entertainment | <input checked="" type="checkbox"/> 29. Real Estate | |
| <input type="checkbox"/> 15. Farming | <input type="checkbox"/> 30. Resort | |

NUMBER OF EMPLOYEES: Please check one. (For statistical purposes only.)

25 or Less ☒

26 - 100 _____

101 - 500 _____

Over 500 _____

2. **CAPITALIZATION:** (NOTE: Business Trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.)

Number of Shares Authorized	Class	Series	Par Value
<u>100</u>	<u>common</u>		<u>NONE</u>

Number of Shares Issued	Class	Series	Par Value
<u>100</u>	<u>common</u>		<u>NONE</u>

3. **OFFICERS**

PRESIDENT: NICHOLAS CHRISTIFULLI

VICE PRESIDENT: _____

Address: 8229 E. CHARTER OAK

Address: _____

SCOTTSDALE AZ 85260

Date taking office: 1/12/95

Date taking office: / /

SECRETARY: TAMERA CHRISTIFULLI

TREASURER: _____

Address: 8229 E. CHARTER OAK

Address: _____

SCOTTSDALE AZ 85260

Date taking office: 1/12/95

Date taking office: / /

4. **DIRECTORS**

NAME: NICHOLAS CHRISTIFULLI

NAME: _____

Address: 8229 E. CHARTER OAK

Address: _____

SCOTTSDALE AZ 85260

Date taking office: 1/12/95

Date taking office: / /

NAME: _____

NAME: _____

Address: _____

Address: _____

Date taking office: / /

Date taking office: / /

5. **SHAREHOLDERS** of record holding more than 20% of any class of shares issued by the corporation or having more than 20% beneficial interest in the corporation. If none, so state.

NAME NICHOLAS CHRISTIFULLI

NAME _____

NAME _____

NAME _____

Schedule L Balance Sheets per books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		2,098.		-536.
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()		()	
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach schedule)		8,822.		
7	Loans to stockholders				
8	Mortgage and real estate loans				
9	Other investments (attach schedule)				
		31,414.		31,414.	
10a	Buildings and other depreciable assets	(5,556.)	25,858.	(8,406.)	23,008.
b	Less accumulated depreciation				
11a	Depletable assets	()		()	
b	Less accumulated depletion				
12	Land (net of any amortization)				
		200.		200.	
13a	Intangible assets (amortizable only)	(40.)	160.	(80.)	120.
b	Less accumulated amortization				
14	Other assets (attach schedule)				
15	Total assets		36,938.		22,592.
Liabilities and Stockholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach schedule) SEE STMT 3		31,185.		31,090.
19	Loans from stockholders				4,381.
20	Mortgages, notes, bonds payable in 1 year or more		20,312.		15,461.
21	Other liabilities (attach schedule)				
22	Capital stock: a Preferred stock				
	b Common stock	500.	500.	500.	500.
23	Paid-in or capital surplus				
24	Retained earnings - Appropriated (attach sch)		-15,059.		-28,840.
25	Retained earnings - Unappropriated		()		()
26	Less cost of treasury stock				
27	Total liabilities and stockholders' equity		36,938.		22,592.

6. STATEMENT OF FINANCIAL CONDITION (Required by A.R.S. §10-125.A.9.)

Complete the following Balance Sheet; OR

- attach a copy of Schedule L, Form 1120 filed with either the Internal Revenue Service or Arizona Department of Revenue; OR
- attach a copy of the corporation's financial statement as provided to shareholders pursuant to A.R.S. §10-052.E. Books and Records; OR
- attach a copy of your Financial Report to Shareholders as required by A.R.S. §10-127; OR
- If no business conducted this fiscal year, so state.

BALANCE SHEET

ASSETS

Current Assets:

SEE ATTACHED

Cash \$ _____
Trade notes and accounts receivable
(less allowance for bad debts) _____
Inventories _____
Other current assets _____

Total Current Assets \$ _____

Land, buildings and other fixed assets
(net of accumulated depreciation) _____
Intangible assets (net of amortization) _____
Loans to shareholders _____
Other long-term assets _____

Total Assets \$ _____

LIABILITIES AND OWNERS' EQUITY

Current Liabilities:

Accounts Payable \$ _____
Mortgages, notes, bonds
(payable in less than 1 year) _____
Other current liabilities _____

Total current liabilities \$ _____

Mortgages, notes, bonds
(payable in more than 1 year) _____
Loans from shareholders _____
Other long-term liabilities _____

Total Liabilities \$ _____

Capital stock: (a) Preferred stock _____
(b) Common stock _____

Paid-in or capital surplus _____
Retained earnings _____

Total Capital \$ _____

TOTAL LIABILITIES and CAPITAL \$ _____

7.A. CERTIFICATE OF DISCLOSURE (A.R.S. §10-128)

Has any person serving either by election or appointment as officers, directors, trustees, incorporators and persons controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation:

1. Been convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate;
2. Been convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate;
3. Been or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order:
 - (a) involved the violation of fraud or registration provisions of the securities laws of that jurisdiction, or
 - (b) involved the violation of the consumer fraud laws of that jurisdiction, or
 - (c) involved the violation of the antitrust or restraint of trade laws of that jurisdiction?

YES _____

NO X

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- | | |
|---|---|
| 1. Full name and prior names used. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number |
| 3. Present home address. | 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). | |

7.B. STATEMENT OF BANKRUPTCY (A.R.S. §10-128.01)

Are you currently in federal bankruptcy proceedings, and if so, under which chapter of federal bankruptcy law is the action filed and on what date?

Yes _____

Chapter _____

Date Filed _____

No X

8. This report must be executed by the corporation and attested by its president, a vice-president, secretary, assistant secretary or treasurer. (If the corporation is in the hands of a receiver or trustee, it shall be executed on behalf of the corporation.)

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

By X

Date 12/12/97

By _____

Date _____

Title President

Title _____