

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725122** (6)
1. Corporation Name
CRYSTAL HOUSE, INC.



Principal Place of Business 5055 COLLINS AVENUE MIAMI BEACH FL 33140	Mailing Address 5055 COLLINS AVENUE MIAMI BEACH FL 33140-2754
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1972	3a. Date of Last Report 03/12/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1460459	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

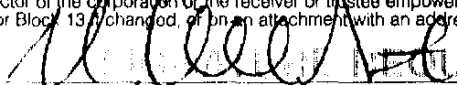
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VAN HOUTEN, DRUCELLA P. 5055 COLLINS AVENUE MIAMI BEACH FL 33140		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V STOCK, SHARA L 5055 COLLINS AVE MIAMI BCH FL	1.1 TITLE	☐ Change ☐ Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D BANK, RUTH M 5055 COLLINS AVE MIAMI BCH FL	2.1 TITLE	☐ Change ☒ Addition
NAME		2.2 NAME	Bella Hittner
STREET ADDRESS		2.3 STREET ADDRESS	5055 Collins Ave
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Miami Beach, FL 33140
TITLE	T ADLMAN, GEORGE 5055 COLLINS AVE MIAMI BCH FL	3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	Jacques Palmer
STREET ADDRESS		3.3 STREET ADDRESS	5055 Collins Ave
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Miami Beach, FL 33140
TITLE	P STEINMAN, N ALLAN 5055 COLLINS AVE MIAMI BCH FL	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	S WOLPHER, HAROLD 5055 COLLINS AVE MIAMI BCH FL	5.1 TITLE	☒ Change ☐ Addition
NAME		5.2 NAME	S/T
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D DRIBIN, FLORENCE 5055 COLLINS AVENUE MIAMI BE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:  **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3-19-97 305-865-5776
Date Daytime Phone # 0029601

CR2E037 (9/96)