


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # H28296 (2)		
1. Corporation Name CRYSTAL COURT RECREATION, INC.		



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1400 NORTH 12TH COURT HOLLYWOOD FL 33019		Mailing Address 1400 NORTH 12TH COURT HOLLYWOOD FL 33019	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2468922	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

3. Date Incorporated or Qualified 11/01/1984
5. Certificate of Status Desired <input type="checkbox"/>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent AUFIERO, FRED 1500 N 12TH CT, 5B HOLLYWOOD FL 33019	
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10. Name and Address of New Registered Agent	
81 Name GEORGE CIPRESSI	85 Zip Code 33019
82 Street Address (P.O. Box Number Is Not Acceptable) 1504 N. 12TH CT. APT. 9B	
83 City HOLLYWOOD	84 State FL

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: George Cipressi **George Cipressi** 1/30/98
 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 P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AUFIERO, FRED		1.2 NAME CIPRESSI, GEORGE	
STREET ADDRESS 1500 N 12TH CT, 5B		1.3 STREET ADDRESS 1504 N. 12TH CT. 9B	
CITY-ST-ZIP HOLLYWOOD FL		1.4 CITY-ST-ZIP HOLLYWOOD, FLORIDA, 33019	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CIPRESSI, GEORGE		2.2 NAME AUFIERO, FRED	
STREET ADDRESS 1504 N 12TH CT 9B		2.3 STREET ADDRESS 1500 N. 12TH CT. 5B	
CITY-ST-ZIP HOLLYWOOD FL		2.4 CITY-ST-ZIP HOLLYWOOD, FLORIDA, 33019	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAGISTRINI, FRANK		3.2 NAME	
STREET ADDRESS 1555 N 12TH CT 5B		3.3 STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL		3.4 CITY-ST-ZIP	
TITLE ID	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZIMBERG, DOROTHY W.		4.2 NAME	
STREET ADDRESS 1455 N 12TH CT APT 1B		4.3 STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPICCIA, JOSEPH		5.2 NAME	
STREET ADDRESS 1401 N 12TH CT APT 11B		5.3 STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: Dorothy W. Zimberg **DOROTHY W. ZIMBERG** 1/30/98-954 922-2030
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (10/97)