

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 12 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 # H95434 (7)
 1. Corporation Name

CRYSTAL ENTERPRISES OF SANIBEL, INC.



Principal Place of Business: 7137 NORTH BRENTWOOD FORT MYERS FL 33908
 Mailing Address: 7137 NORTH BRENTWOOD FORT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 11615 Chitwood Unit E, Ft Myers, FL 33908, U.S.A.
 2a. Mailing Address: 11615 Chitwood Unit E, Ft Myers, FL 33908, U.S.A.

3. Date Incorporated or Qualified: 01/22/1986
 4. FEI Number: 59-2632133
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes

9. Name and Address of Current Registered Agent: EBERDT, MARIAN, 7137 NORTH BRENTWOOD ROAD, FORT MYERS FL 33919

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: DP	<input type="checkbox"/> DELETE
NAME: EBERDT, MARIAN	
STREET ADDRESS: 7137 NORTH BRENTWOOD ROAD	
CITY-ST-ZIP: FORT MYERS FL	
TITLE: Stockholder	<input type="checkbox"/> DELETE
NAME: Ann Lajoie	
STREET ADDRESS: 11615 Chitwood Unit E, Ft Myers, FL 33908	
CITY-ST-ZIP: Ft Myers, FL 33908	
TITLE: Pres	<input type="checkbox"/> DELETE
NAME: Paul Lajoie	
STREET ADDRESS: 11615 Chitwood Unit E	
CITY-ST-ZIP: Ft Myers, FL 33908	
TITLE: Sec - Pres	<input type="checkbox"/> DELETE
NAME: George Eberdt	
STREET ADDRESS: 7137 N. Brentwood Rd	
CITY-ST-ZIP: Ft Myers, FL 33919	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in an attachment with an address.

SIGNATURE: _____ 08/2/98 0111 1123-7773

CR2E034 (5/98)