

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

FILED

**Apr 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J03345 (2)
1. Corporation Name
BLUE CRYSTAL, INC.



Principal Place of Business 2901 INDUSTRIAL AVE 2 FT PIERCE FL 34946 US	Mailing Address 2901 INDUSTRIAL AVE 2 FT PIERCE FL 34946-8647 US
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3. Date Incorporated or Qualified 03/12/1986	3a. Date of Last Report 04/22/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 2901 Industrial Ave 2 City & State Fl. Pierce FL Zip 34946	2a. Mailing Address 26 Suite, Apt. #, etc. 2901 Industrial Ave 2 City & State Fl. Pierce FL Zip 34946	4. FEI Number 59-2651976	Applied For Not Applicable
22 2901 Industrial Ave 2 City & State Fl. Pierce FL Zip 34946	27 2901 Industrial Ave 2 City & State Fl. Pierce FL Zip 34946	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Fl. Pierce FL Country USA	28 Fl. Pierce FL Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 34946	25 USA	29 34946	30 USA

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8. Name and Address of Current Registered Agent HUNTER, E.T. 1930 TYLER STREET HOLLYWOOD FL 33020	9. 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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FORGHAM, EARL F.		1.2 NAME	
STREET ADDRESS 2901 INDUSTRIAL AVE.,#2		1.3 STREET ADDRESS	
CITY-ST-ZIP FT.PIERCE FL		1.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FORGHAM, RICHARD JOHN		2.2 NAME	
STREET ADDRESS 2901 INDUSTRIAL AVE.,#2		2.3 STREET ADDRESS	
CITY-ST-ZIP FT.PIERCE FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FORGHAM, RONALD F.		3.2 NAME	
STREET ADDRESS 2901 INDUSTRIAL AVE.,#2		3.3 STREET ADDRESS	
CITY-ST-ZIP FT.PIERCE FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FORGHAM, BETTY JANE		4.2 NAME	
STREET ADDRESS 2901 INDUSTRIAL AVE.,#2		4.3 STREET ADDRESS	
CITY-ST-ZIP FT.PIERCE FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:  **Earl Forgham** 3-21-97 561-461-5046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0473352

CR2E034 (9/96)