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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M24518** (6)

1. Corporation Name
KRISTAL PROPERTIES, INC.

Principal Place of Business	Mailing Address
C/O RANA GORZECK 100 W CYPRESS CREEK, SUITE 865 FT. LAUDERDALE FL 33309	C/O RANA GORZECK 100 W CYPRESS CREEK, SUITE 865 FT. LAUDERDALE FL 33309-2112

3. Date Incorporated or Qualified: 12/12/1985
3a. Date of Last Report: 03/06/1996

2. Principal Place of Business
21: c/o Rana Gorzeck
Suite, Apt. #, etc.: [redacted] Ave., # 1100
City & State 23: Fort Laud., FL
Zip 24: 33301 Country 25: USA

2a. Mailing Address
26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 65-0529027 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GORZECK, RANA
100 W. CYPRESS CREEK STE 910
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: EMO Corporate Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 100 N.E. 3 Ave.
83: Suite 1100
84 City: Ft. Lauderdale FL 85 Zip Code: 33301-9018

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: Melvin Christie, Asst Sec. DATE: 6/20/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☐ DELETE	1.1 TITLE	PSTD	☒ Change ☐ Addition
NAME	KAESLIN, K.		1.2 NAME	KAESLIN, K.	
STREET ADDRESS	C/O RANA GORZECK, 100 W. CYPRESS CREEK		1.3 STREET ADDRESS	c/o E.M.O. P.A. 100 NE 3 AVENUE Suite 1100	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [signature] K. Kaeslin 6/19/97