

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$650 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 28 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 # P97000065728
 1. Corporation Name
 CRYSTAL CANYON INC

Principal Place of Business Mailing Address
 2225 NURSERY RD 6-102 1901-17 WEST BAY DR
 CLEARWATER FL 34624 LARGO FL 33770

2. Principal Place of Business 2a. Mailing Address
 21 FLORIDA 26 1901-17 West Bay Drive
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 2225 Nursery Rd #6 02 27 # 229
 City & State City & State
 23 Clearwater FL 28 LARGO FL
 Zip Country Zip Country
 24 34624 25 PINELLAS 29 33770 30 PINELLAS

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 07/25/97

4. FEI Number Applied For
 59-3464539 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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 TOM DE GROOT
 2225 NURSERY Rd 6-102
 Clearwater FL 34624

10. Name and Address of New Registered Agent
 81 Name TOM DE GROOT
 82 Street Address (P.O. Box Number is Not Acceptable)
 2225 NURSERY Rd #6-102
 83
 84 City CLEARWATER FL 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 TOM DE GROOT DATE 08/14/98

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT/CHAIRMAN <input checked="" type="checkbox"/> DELETE
NAME	MATHIAS LEVAREK
STREET ADDRESS	3739 WAGON WHEEL WAY
CITY-ST-ZIP	PARK CITY UT 84098
TITLE	TREASURER/V.P/SECRETARY <input checked="" type="checkbox"/> DELETE
NAME	MATHIAS LEVAREK
STREET ADDRESS	3739 WAGON WHEEL WAY
CITY-ST-ZIP	PARK CITY UT 84098
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MELISSA GUICHONNET
1.3 STREET ADDRESS	15 WILD TURKEY Rd #A
1.4 CITY-ST-ZIP	SEDONA AZ 86351
2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ALAIN GUICHONNET
2.3 STREET ADDRESS	15 WILD TURKEY Road #A
2.4 CITY-ST-ZIP	SEDONA AZ 86351
3.1 TITLE	CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ALAIN GUICHENNE
3.3 STREET ADDRESS	15 WILD TURKEY Rd #A
3.4 CITY-ST-ZIP	SEDONA AZ 86351
4.1 TITLE	SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MELISSA GUICHONNE
4.3 STREET ADDRESS	15 WILD TURKEY Rd #A
4.4 CITY-ST-ZIP	SEDONA AZ 86351
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	

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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: MELISSA GUICHONNET V.P. DATE: 5/20/98

CR2E034 (5/98)

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Crystal Canyon Inc.
1901-17 West Bay Drive • No. 229
Largo, Florida 33770 USA
Tel: 1 (520) 204-2311 • Fax: 1 (520) 203-9278

State of Florida
August 17, 1998
Attention: Corporation and Reinstatement Office

To Whom it may Concern,

Please find enclosed a second notice annual report along with a check \$150. In fact, we sent to your office our annual report around mid-February 1998. We just found out last week from a client that Crystal Canyon Inc. was not current. Our letter to your office must have gotten lost. In fact we checked with our bank and the check which we had written to your office had not been paid. However, we can guarantee you in good faith that we had filed our report on time.

Mr. Andy Dunlap from the reinstatement office told us to attach a letter of explanation to our annual report along with \$150 check. We thank you very much for accommodating us and extending us your trust. It is an urgent and critical matter that Crystal Canyon Corp. be reinstated ASAP.

Thank you very much for your understanding and cooperation.

Regards,

Melissa GUICHONNET
President

