

# AMENDMENT

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

Sep 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 97000065728  
1. Corporation Name  
CRYSTAL CANYON INC

Principal Place of Business: 1901-17 West Bay Dr. #229 Largo FL 33770  
Mailing Address: 1901 West Bay Dr #229 Largo FL 33770

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 FLORIDA	2a. Mailing Address 26 1901-17 W. BAY DR #229	3. Date Incorporated or Qualified 07/25/97	4. FEI Number 59-3464539	Applied For Not Applicable
22 1901-17 W. Bay Dr #229	27 #229	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 LARGO FL 33770	28 LARGO FLORIDA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
TOM DE GROOT  
2225 NURSERY Rd 6-102  
CLEARWATER FL 34626

10. Name and Address of New Registered Agent  
81 Name: MICHAEL PALANDRO  
82 Street Address (P.O. Box Number is Not Acceptable): 3423 MERMOOR DR. #107  
83  
84 City: PALM HARBOR FL 85 Zip Code: 34685

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: MICHAEL PALANDRO *[Signature]* DATE: 08/28/98

12. OFFICERS AND DIRECTORS

TITLE: CHAIRMAN / VICE PRESIDENT	NAME: ACHIN GUICHONNET	STREET ADDRESS: 15 WILD TURKEY RD #A	CITY-STATE-ZIP: SEDONA AZ 86351	<input checked="" type="checkbox"/> DELETE
TITLE: PRESIDENT	NAME: HELISSA GUICHONNET	STREET ADDRESS: 15 WILD TURKEY RD #A	CITY-STATE-ZIP: SEDONA AZ 86351	<input checked="" type="checkbox"/> DELETE
TITLE: SECRETARY	NAME: HELISSA GUICHONNET	STREET ADDRESS: 15 WILD TURKEY RD #A	CITY-STATE-ZIP: SEDONA AZ 86351	<input checked="" type="checkbox"/> DELETE
TITLE: TREASURER	NAME: HELISSA GUICHONNET	STREET ADDRESS: 15 WILD TURKEY RD #A	CITY-STATE-ZIP: SEDONA AZ 86351	<input checked="" type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PRESIDENT / CHAIRMAN	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME: MATTHIAS LEVAREK	
1.3 STREET ADDRESS: 2370 W. HWY 89A #11-505	
1.4 CITY-STATE-ZIP: SEDONA AZ 86336	
2.1 TITLE: VICE PRESIDENT	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME: MATTHIAS LEVAREK	
2.3 STREET ADDRESS: 2370 W. HWY 89A #11-505	
2.4 CITY-STATE-ZIP: SEDONA AZ 86336	
3.1 TITLE: SECRETARY / TREASURER	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME: MATTHIAS LEVAREK	
3.3 STREET ADDRESS: 2370 W. HWY 89A #11-505	
3.4 CITY-STATE-ZIP: SEDONA AZ 86336	
4.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-STATE-ZIP:	
5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME:	
5.3 STREET ADDRESS: 900002650129	
5.4 CITY-STATE-ZIP: -09/28/98--01068--087	
6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME:	
6.3 STREET ADDRESS: ***61.25	
6.4 CITY-STATE-ZIP:	

14. I, the undersigned, certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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. I changed or am attaching with an address.

SIGNATURE: *[Signature]* MATTHIAS LEVAREK DATE: 09/01/98 520 204 4885

CR2E034 (5/98)

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