FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

19968|20|96 B - 78411 C

DOCUMENT # V70374 (6)

1. Corporation Name
CRYSTAL LAKES INVESTORS CORP.

Principal Place of Business
201 E DAVIS BLVD
TAMPA FL 33606

Mailing Address
201 E DAVIS BLVD
TAMPA FL 33606

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

3. Date Incorporated or Qualified: 10/06/1992
3a. Date of Last Report: 09/22/1995
4. FEI Number: 59-3153486 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
LIVINGSTON, CLIFTON A.
~~501 HORATIO STREET~~ 201 E. DAVIS BLVD
TAMPA FL 33606

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 201 E. DAVIS BLVD.
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section [illegible] 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. The corporation agrees to comply with the provisions of Section [illegible] and accepts the appointment as registered agent. I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	LIVINGSTON, CLIFTON A.
STREET ADDRESS	501 HORATIO STREET
CITY, ST, ZIP	TAMPA FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information indicated on this report or supplemental 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 or I have attached a separate list of names and addresses.

SIGNATURE: President / 8/13/96 (813)254-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone
CLIFTON A. LIVINGSTON

CR2E034 (12/95)