


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

FILED

Apr 17 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 # 205922 (8)
1. Corporation Name
CRYSTAL TENN INC

Principal Place of Business 506 N. W. 1ST AVENUE P. O. BOX 696 CRYSTAL RIVER FL 34423 US	Mailing Address 506 N. W. 1ST AVENUE P. O. BOX 696 CRYSTAL RIVER FL 34423 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/14/1957	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0828575	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SHAHER, ALEX 506 N.W. 1ST AVE. CRYSTAL RIVER FL 34428		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD MULLINS, WAYNE 2941 PINE VALLEY CIR. EAST POINT GA	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PD BURCH III, FRED 297 BIG EDDY RD. FRANKFORT KY	1.2 NAME	
STREET ADDRESS	D SHAHER, ALEX 506 N.W. 1ST AVE. CRYSTAL RIVER FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	VPD GARLAND, C. M. 710 CAIN ST. HAMPTON SC	1.4 CITY-ST-ZIP	30344
		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	40601
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	34428
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	29924
		4.4 CITY-ST-ZIP	
		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	

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 in an attachment with an address.

SIGNATURE: 

CR2E034 (10/97)