NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am secretary of State

03-01-1999 90085 021 ****61.25

DOCUMENT # 702723

1. Corporation Name

CRYSTAL COURT NO. 1, INC.

Principal I	Place	of	Business
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Mailing Address

SELA HAVES STREET ART A

HOLLYWOOD FL 33020	HOLLYWOOD FL 33020	

2. 21	Principal Place of Busii	ness	2a 26	Mailing Address		07/21/1961			
	Suite, Apt. #, etc.		1	Suite, Apt. #, etc.		4. FEI Number Applied For			
22			27			59-1161591 Not Applicable			
23	City & State		28	City & State		5. Certifcate of Status Desired S8.75 Additional Fee Required			
24	Zip	Country 25	29	Zip Cor	untry	6. Election Campaign Financing Trust Fund Contribution Added to Fees			
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
					81	Name			
MILLER, WALTER E. 2514 HAYES ST. #4					82	Street Address (P.O. Box Number is Not Acceptable)			
HOLLYWOOD FL 33020				83					
					84	City FL 85 Zip Code			

Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

agent. i a	m ramiliar with, and accept the obligations of, Section	017.0303, 110110	o Statules.		1000			
SIGNATURE UALGE MULLER Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when remediating) DATE								
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR			
TITLE	P	☐ DELETE	1.1 TITLE		Change	☐ Addition		
NAME	LEVAY, ANTON		1.2 NAME	_				
STREET ADDRESS	2516 HAYES ST.		1.3 STREET ADDRESS	'		.		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP					
TITLE	D	DELETE	2.1 TITLE		Change	☐ Addition		
NAME	MALEC, DOROTHY		2.2 NAME		7 to 10 10 10 10 10 10 10 10 10 10 10 10 10			
STREET ADDRESS	2514 HAYES STR, APT 2		2.3 STREET ADDRESS			_		
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CTY-ST-ZIP		<u> </u>	<i></i>		
TITLE	ST	☐ DELETE	3.1 TITLE		Change	Addition.		
NAME	GRIMALDI, ETHEL		3.2 NAME			1		
STREET ADDRESS	2514 HAYES ST.		3.3 STREET ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL		3.4. CITY-ST-ZIP		•••			
TITLE	V	DELETE	4.1 TTILE		Change	☐ Addition		
NAME	MILER, IONA		4.2 NAME			i i		
STREET ADDRESS	2514 HAYES ST.		4.3 STREET ADDRESS			^ . {		
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-ST-ZIP					
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change	Addition		
NAME	WILLIAMS, JOHN		5.2 NAME	Ł.		[
STREET ADDRESS	2514 HAYES STREET		5.3 STREET ADDRESS		i .			
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY-ST-ZIP					
3JTIT	D	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition		
NAME	KOHL, PETER		6.2 NAME	•				
STREET ADDRESS	2516 HAYES ST.		6.3 STREET ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL	İ	6.4 CITY-ST-ZJP	,				

14. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FICER OR DIRECTOR