

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:10

DOCUMENT # 712063 (7)

1. Corporation Name
CRYSTAL COURT NO. 4 CONDOMINIUM, INC.

Principal Place of Business Mailing Address
2621 & 2623 GRANT STREET HOLLYWOOD FL 33020
2621 & 2623 GRANT STREET HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/13/1964	3a. Date of Last Report 03/02/1994
4. FEI Number 59-2397748	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
AMBROSIA, MARY
2621 GRANT ST.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATSCHER, MATTHIAS	1.2 NAME	JHOQUES MARCEAU
STREET ADDRESS	2623 GRANT ST #2B	1.3 STREET ADDRESS	2623 GRANT ST Director
CITY - ST - ZIP	HOLLYWOOD FL	1.4 CITY - ST - ZIP	HOLLYWOOD, FL
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTALL, ERNEST	2.2 NAME	
STREET ADDRESS	2623 GRANT ST. #3A	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33020	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRUZZO, MARY	3.2 NAME	
STREET ADDRESS	2621 GRANT ST. #11A	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33020	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURSDSELL, TRUDY	4.2 NAME	
STREET ADDRESS	2623 GRANT ST. APT 1-A	4.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	4.4 CITY - ST - ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGIS, MARY	5.2 NAME	
STREET ADDRESS	2621 GRANT ST 11B	5.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBROSIO, MARY	6.2 NAME	
STREET ADDRESS	2621 GRANT ST. #9A	6.3 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Mary Vargis, Sec'y Date: 2/11/95 923-6106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 as per conversation w/ Mary Ambrosia 2-20-95 (Attach Page 2)