

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 726683 (6)
1. Corporation Name
CRYSTAL CONDOMINIUM APTS. INC



Principal Place of Business Mailing Address
30 SE FOURTH AVENUE 30 SE FOURTH AVENUE
HALLANDALE FL 33009 HALLANDALE FL 33009

3. Date Incorporated or Qualified 06/12/1973 3a. Date of Last Report 04/06/1995
4. FEI Number 59-1755409 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

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

9. Name and Address of Current Registered Agent

LANG, WOLFGANG
30 SE 4TH AVE
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name CATHERINE E. MICHEL
82 Street Address (P.O. Box Number is Not Acceptable) 30 SE 4TH AVENUE
83
84 City HALLANDALE FL 85 Zip Code 33009

11. 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.

SIGNATURE Catherine E. Michel CATHERINE E. MICHEL, TREASURER 2/27/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KRAMER, JOYCE	
STREET ADDRESS	30 SE 4TH AVENUE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LANG, WOLFGANG	
STREET ADDRESS	30 SE 4 AVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DUNN, GLORIA	
STREET ADDRESS	30 SE 4TH AVENUE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PUTMAN, MARK	
STREET ADDRESS	PO BOX 840833 N/A	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PATRICIA RAGGO	
1.3 STREET ADDRESS	30 SE 4TH AVENUE	
1.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MICHEL, CATHERINE	
2.3 STREET ADDRESS	30 SE 4TH AVENUE	
2.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	33009	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	33084	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: Catherine E. Michel CATHERINE E. MICHEL 2/27/96 154-2213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)