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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F68092

(8)

CRYSTAL COMPUTING, INC.

Principal Place of Business

% FRANK L ROARK

Mailing Address

% FRANK L ROARK

FILED Feb 18 1997 8:00am Secretary of State



3. Date incorporated or Qualified Q2/22/1982 Q4/17/1996 2. Mailing Address
Suite, Apt. #, etc.
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Status Desired \$8.75 Additional Fee Required
5. Certificate of Status Desired City & State City & State City & State City & State Zip Country Zip Country Zip Country Zip Signature, typed of pentid name of registered agent and title if applicable PD PD City & State Country Exp Country Added to Fees Trust Fund Contribution Country B. This corporation has liability for intengible tax under s 199 032, Florida Statutes Foot and Address of New Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 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, agent, agent, and the if applicable ROARK, FRANK L Signature, typed or pentid name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD Change Addition NAME ROARK, FRANK L 3271 SW 18TH ROAD BOCA RATON FL 1-2 CITY-ST-ZIP 1-2 CITY-ST-ZIP 1-2 CITY-ST-ZIP 1-2 CITY-ST-ZIP 1-2 CITY-ST-ZIP 1-3 CITY-ST-ZIP 1-4 CITY-ST-ZIP 1-4 CITY-ST-ZIP 1-4 CITY-ST-ZIP
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24 29 30 Florida Statutes
9. Name and Address of Current Registered Agent ROARK, FRANK L 9271 SW 18TH ROAD BOCA RATON FL 33428 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or peniled name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE Change Addition ROARK, FRANK L 9271 SW 18TH ROAD 1.3 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL
ROARK, FRANK L 9271 SW 18TH ROAD BOCA RATON FL 33428 81
8271 SW 187H ROAD BOCA RATON FL 33428 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 85 City FL 86 Zip Code 86 City FL 86 Zip Code 87 City FL 88 Zip Code 88 City FL 88 Zip Code 89 City FL 80 Zip Code 80 City FL 80 Zip Code 81 City FL 85 Zip Code 81 City FL 85 Zip Code 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 81 City FL 85 Zip Code 81 City FL 85 Zip Code 82 City FL 85 Zip Code 83 City FL 85 Zip Code 84 City FL 85 Zip Code 85 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 81 City FL 85 Zip Code 81 City FL 85 Zip Code 82 City FL 85 Zip Code 83 City FL 85 Zip Code 84 City FL 85 Zip Code 85 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 81 City
BOCA RATON FL 33428 83 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Reg stered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE PD Change Addition NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 1.3 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 1.4 CITY-ST-ZIP
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE ROARK, FRANK L 1.2 NAME SIRRET ADDRESS CITY-ST-ZIP BOCA RATON FL 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP
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TITLE DELETE 61 TITLE Change Addition
NAME 62 NAME
STREET ADDRESS 63 STREET ADDRESS
CITY-ST-ZIP 6.4 CITY-ST-ZIP

I do 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 on an attachment with an address.

France De Paril

2/11/97

561-482-5981