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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| | 1998 | | DIVISION OF CORPORATIONS | | | | | | Secretary of State | | | | |
|--|------------------|----------------------------------|--------------------------|---------------------|-----------------------------|-------|---------------------------------------|---------------------|--|-------------|----------------------------|--------------|--|
| DOCU 1. Corperation | on Name | 1 0200 | | (6) | | | | | Scoreta | ı y C | /1 () (| acc | |
| CRYSTAL BLUE DEVELOPMENT, INC. | | | | | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | | | | | |
| 1951 N.W. 44TH STREET 1951 N.W. 44TH STREET | | | | | | | | | | | | | |
| POMPANO BEACH FL 33074 POMPANO BEACH FL 330 | | | | | | | | | DO NOT WRITE | E IN THIS S | SPACE | | |
| | | | | | | | | | 3. Date Incorporated or Qualified | | | | |
| 2. Principal P | Place of Busin | bess | 2a. Ma | 2a. Mailing Address | | | | | 05/15/1982 4. FEi Number | | I Ac | polied For | |
| 21 | | | 26 | | | | | | 59-2314152 | | No | t Applicable | |
| Suite, Apt. | #, etc. | | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | \$8.75 | | |
| City & Stat | to | | | 27 City & State | | | | | • Starting Occupation Francisco | | Fee Re | | |
| 23 | i G | | 28 | ly d Claic | | | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added 1 | | |
| Zip | | Country | Ziş | > | Cour | ntry | | | 8. This corporation owes or has pa | aid the cur | | | |
| 24 | | 25 | 29 | | 30 | | | | Personal Property Tax due June | | | No . | |
| | | and Address of Curre | nt Registere | ed Agent | ; | 81 | Name | , | 10. Name and Address of New Re | gistered / | Agent | | |
| LACENTRA, CHARLES | | | | | | 82 | | | (0.0.0 | | | | |
| 1951 N.W. 44TH ST. POMPANO BEACH FL 33064 | | | | | | | Street A | Address | s (P.O. Box Number is Not Acceptal | ole) | | | |
| • | OIII ATO L | DEMO11 1 E 00004 | | | Ī | 83 | | | | | | | |
| | | | | | | 84 | City | | | | 85 Zip (| Code | |
| 44 D | to Manageria | 60 | 00 2 007 - | 1500 Florido Otal | | | • | | a' | FL | | | |
| office or i | registered ag | ent, or both, in the State | of Florida. | Such change was | es, the aboat authorized | by | the corp | corpora coration | ation submits this statement for the p 's board of directors. I hereby acce | pt the app | changing it ointment as | registered | |
| • | ım familiar wi | th, and accept the oblig | ations of, Se | 30110N 607.0505, FI | orida Statu | ites | i. | | | | | | |
| SIGNATURE | Signature, typed | or printed name of registered ag | ent and title if ap | plicable. (NOT | E. Registered | Ager | nt signature | required w | when reinstating) | DATE | | | |
| 12. | 1 | OFFICERS AN | ID DIRECTO | | 13. | | · · · · · · · · · · · · · · · · · · · | · | ADDITIONS/CHANGES TO OFFIC | CERS AND | | | |
| TITLE | PD | TDA CULDICO | | DELETE | 1.1 TITL | | | | | | L Change | Addition | |
| NAME | | ITRA, CHARLES | | | | | 1.2 NAME 1.3 STREET ADDRESS | | | | | İ | |
| STREET ADDF:ESS CITY-ST-ZIP | | N.W. 44TH ST. Ano Beach Fl | | | 1.4 CITY | | i | | | | | ľ | |
| TITLE | VS | MINO DEMOIT I | | DELETE | 2.1 TITL | •••• | 1 * ZIF | | | | Change | Addition | |
| NAME | | ITRA, HEATHER | | | 2.2 NAM | JE. | | | | | | | |
| STREET ADDFESS | | N.W. 44TH ST. | | | 2.3 STR | EET / | ADDRESS | | | | | | |
| CITY-ST-ZIP | POMP. | ANO BEACH FL | *** | | 2. 4 CIT | Y-\$ | T-ZiP | | | | , | | |
| TITLE | | | | DELETE | 3.1 TITE | | | | | | Change | ☐ Addition | |
| NAME | | | | | 3.2 NAM | | 4000000 | | | | | | |
| STREET ADDRESS | | | | | 3.4. CIT | | ADDRESS | | | | | | |
| CITY-ST-ZIP TITLE | | | | DELETE | 4.1 TITL | | 1-211 | | | | Change | Addition | |
| NAME | ļ | | | | 4. 2 NA | ME | | | | | | | |
| STREET ADDRESS | | | | | 4.3 STŘI | EET A | ADDRESS | | | | | | |
| CITY - ST - ZIP | | | | | 4.4 CITY | | r-ZIP | | | | | | |
| TITLE | | | | ☐ DELETE | 5.1 TITL | | | | | | Change | Addition | |
| NAME | | | | | 5.2 NAM | | *DD0500 | | | | | ļ | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | | |
| CITY - ST - ZIP TITLE | | | | ☐ DELETE | 5.4 CITY 6.1 TITL | | -211- | | | | Change | Addition | |
| NAME | | | | | 6.2 NAN | | | | | | - • | _ | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | 6.4 CITY | /-ST | -ZIP | | | | | | |

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if/changed, or on an attachment with an address.

FILED

Feb 06 1998 8:00am