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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90066 033 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000006852

1. Corporation Name
CRYSTALLINE, INC.



Principal Place of Business
4857 HANGING MOSS LANE
SARASOTA FL 34238

Mailing Address
4857 HANGING MOSS LANE
SARASOTA FL 34238

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4745 Sweetmeadow Circle

Suite, Apt. #, etc.

22

23 City & State
Sarasota, FL

24 Zip 34238 25 Country USA

2a. Mailing Address

26 4745 Sweetmeadow Circle

Suite, Apt. #, etc.

27

28 City & State
Sarasota, FL

29 Zip 34238 30 Country USA

3. Date Incorporated or Qualified

12/17/1998

4. FEI Number

54-1886750

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSE, TRACY A
4857 HANGING MOSS LANE
SARASOTA FL 34238

81 Name Rose, Tracy A

82 Street Address (P.O. Box Number is Not Acceptable)
4745 Sweetmeadow Circle

83

84 City Sarasota

FL

85 Zip Code 34238

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 Tracy A. Rose

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/19/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD ☐ DELETE
NAME ROSE, TRACY A
STREET ADDRESS 4857 HANGING MOSS LANE
CITY-ST-ZIP SARASOTA FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Rose, Tracy A
1.3 STREET ADDRESS 4745 Sweetmeadow Circle
1.4 CITY-ST-ZIP Sarasota, FL 34238

TITLE V ☐ DELETE
NAME ROSE, MICHAEL
STREET ADDRESS 4857 HANGING MOSS LANE
CITY-ST-ZIP SARASOTA FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Rose, Michael
2.3 STREET ADDRESS 4745 Sweetmeadow Circle
2.4 CITY-ST-ZIP Sarasota, FL 34238

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Tracy A. Rose REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99

Date

941-926-0207

Daytime Phone #

CR2E034 (1/98)