PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **K26796**

1. Corporation Name

S. F. CRYSTAL, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90290 031 ***150.00



Principal Riacy 3575 NW 207 S		Mailing Achtress 3575 (W) 207 ST		_			: .
(B4		N MIAMI BCH FL 33180		DO NOT WRITE IN THIS SPACE			
US		US		3. Date Incorporated or Qualifed			
			7:	_	06/22/1988	· ` -·	
2. Principal Pl	lace of Business	2a, Mailing Address			4. FEI Number	Aţ	oplied For
21		26	26		65-0057593	No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	Additional
22				5. Certificate of Status Desired	Fee Re	equired	
City & State		City & State	City & State		6. Election Campaign Financing		May Be
23		28		Trust Fund Contribution	_	to Fees	
Zip Country 24 25		Zip 30			8. This corporation owes the current year Intangible Personal Property Tax.		
27	9 Name and Address of Curre		<u> </u>		10. Name and Address of New Registered	Agent ·	
			81	Name			{
STRAUSS, FREDERICK 3701 NE 208 ST		82	Stroot Ad-	dress (P.O. Box Number is Not Acceptable)	 		
			102	Sileet Aut	uress (1.0. Dox Humber is Not Acceptable)		
N M	AMI BEACH FL 33180		83		15 104 7	· ·	
			84	City		85 Zip	Code
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office or r agent. I a	edistered agent or both in the Stat	502 and 607.1508, Florida Statutes, te of Florida. Such change was autho gations of, Section 607.0505, Florida	onzea ov	the corpora:	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appo	f changing its pintment as re	s registered egistered
							,
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE: Reg	gistered Agen	it signature requi	ired when reinstating) DATE	_	<u>.</u>
12.		gent and title if applicable. (NOTE: Res	gistered Agen	it signature requi	ared when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		
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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 articless, with all other like empowered.

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR