


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

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90069 040 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # K57756

1. Corporation Name
CRYSTAL IMAGE BUILDING MAINTENANCE, INC.

Principal Place of Business C/O JOHN T. HENDERSON 1420 WILDWOOD COURT DUNEDIN FL 34698	Mailing Address C/O JOHN T. HENDERSON 1420 WILDWOOD COURT DUNEDIN FL 34698
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1430 Coachlight way Suite, Apt. #, etc. 22 City & State 23 Dunedin, FL Zip Country 24 34698 25 Pinellas		2a. Mailing Address 26 1430 Coachlight way Suite, Apt. #, etc. 27 City & State 28 Dunedin, FL Zip Country 29 34698 30 Pinellas		3. Date Incorporated or Qualified 01/12/1989	4. FEI Number 59-2929748 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	--	---	--	--	---	---

9. Name and Address of Current Registered Agent

HENDERSON, JOHN T.
1420 WILDWOOD COURT
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 1430 Coachlight way	83	84 City Dunedin, FL	85 Zip Code 34698
---------	--	----	------------------------	----------------------

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

John Henderson, John Henderson, Pres.

3/16/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, JOHN T.	1.2 NAME	
STREET ADDRESS	1420 WILDWOOD COURT	1.3 STREET ADDRESS	1430 Coachlight way
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP	Dunedin, FL 34698
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, JOHN T.	2.2 NAME	
STREET ADDRESS	1420 WILDWOOD COURT	2.3 STREET ADDRESS	1430 Coachlight way
CITY-ST-ZIP	DUNEDIN FL	2.4 CITY-ST-ZIP	Dunedin, FL 34698
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

John Henderson, John Henderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99

Date

727-734-8389

Daytime Phone #

CR2E034 (11/98)

0498822