02241999-90118-020-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

99 MAR 26 PM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K95881

1. Corporation Name
CRYSTAL PALACE U.S., INC.

Principal Place of Business	Mailing Address
C/O MIKE MURRAY 2901 STIRLING ROAD, SUITE 300 FT. LAUDERDALE FL 33312	C/O MIKE MURRAY 2901 STIRLING ROAD, SUITE 300 FT. LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o Scott Cornelius	2a. Mailing Address 26 c/o Scott Cornelius
Suite, Apt. #, etc. 22 2901 Stirling Rd Suite 300	Suite, Apt. #, etc. 27 2901 Stirling Rd, Suite 300
City & State 23 Ft. Lauderdale, Florida	City & State 28 Ft. Lauderdale, Florida
Zip / Country 24 33312 25 U. S. A.	Zip / Country 29 33312 30 U. S. A.

3. Date Incorporated or Qualified: 06/16/1989
4. FEI Number: 65-0125926 ☐ 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

WASSERSDTROM, LEANNE
2901 STIRLING RD, SUITE 300
SUITE 300
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name: Peggy Goosen
82 Street Address (P.O. Box Number is Not Acceptable): 2901 Stirling Road, Suite 300
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33312

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: Peggy Goosen — 3/22/99.
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	PDTS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RUFFIN, PHIL		1.2 NAME	
STREET ADDRESS	8450 KILLARNEY		1.3 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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: _____ February 2, 1999 242 327-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)