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

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

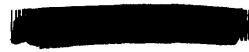
## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CRYSTAL HOSPITALITY, INC.

## **FILED** May 14 1998 8:00am Secretary of State



			5-3-6	<i>18</i>		<b></b>
Principal Plac	e of Business	Mailing Address		<del></del>		
SUITE 200 SUITE		520 N. SEMORAN BLVD SUITE 200 ORLANDO FL 32907	E 200		DO NOT WRITE IN TH	IS SPACE
CHUNITO	32001	ONLANDO I C DELOY	DO TE SEROY		3. Date Incorporated or Qualified	
					10/27/1989	
2. Principal Place of Business 2a. Mailing Addre					4, FEI Number	Applied For
21		26		59-2975145	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23	_	28			Trust Fund Contribution	Added to Fees
Zip	Country Zip		Country		8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30.	Yes No
<del></del>	g, Name and Address of Curren	t Registered Agent	04	N	10. Name and Address of New Registere	d Agent
	TEVES, LUIS RAFAEL		81	Name		
1121 ARBOR GLEN CIRCLE WINTER SPRINGS FL 32708			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
			83			<u></u>
			84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	les, the above	-named corp	poration submits this statement for the purpose	of changing its registered
office or i	registered agent, or both, in the State	of Florida, Such change was	authorized by	the corpora	tion's board of directors. I hereby accept the a	ppointment as registered
-	an immen with, and the copy are compa	11,0000,100 (3)(3)(3)(3)(3)	onda olalaide			
SIGNATURE	Signature, typed or pented name of registered age	ent and title if applicable (NO	IL flagistered Ager	d signature requi	red when reinstating) DATE	··
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	Pî	☐ DELETE	1.1 TITLE			Change Addition
NAME	<b>ES</b> TEVES, LUIS RAFAEL		1.2 NAME			
STREET ADDRESS 1121 ARBON GLEN CIRCLE			1.3 STREET	ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL 32708	- Design	1.4 CHY-ST	- ZIP		
TITLE	VPS	L DELETE	21 TITLE			Change Addition
NAME	ESTEVES, MARIA F.		2 2 NAME			
STREET ADDRESS	1121 ARBOR GLEN CIRCLE WINTER SPRINGS FL 32708		2.3 STREET	- 1		
CITY-ST-ZIP TITLE	WHITEN SPRINGS FE 32700	DELETE	2. 4 CITY - S	1-211		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STHEET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-S			
TIFLE		DELETE	4.1 Title			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS	·		4.3 STREET A	ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST	- 7IP		/
TITLE		DELETE	5 1 TITLE			Change Addition
NAME			5 2 NAME		//	MC////
STREET ADDRESS			5.3 STREET		4/	$\mathcal{D}/\mathcal{I}\mathcal{I}$
CITY-ST-ZIP		Doctor.	5.4 C(1Y - S1	- 7(P		T (Change   17 14 100 100
TITLE		DELETE	6.1 TITLE	-	, 0	Change Addition
NAME			6.2 NAME	anarar	300002526£ -05/18/9801008	373
STREET ADDRESS			63 STREET	ADDRESS	-05/18/9801008	กรถ

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 (3R), Florida Statutes. I further certify that the information indicated on this annual report or supplemental are mill-report is true and accurate and that my signature shall have the same legal effect as if made under oall; that I am an officer or director of the corporation or the receiver of succeeding the provided employment of the second statutes. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an affait may with an address.