

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

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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L39433 (2)

1. Corporation Name
SUN CRYSTAL REALTY, INC.

Principal Place of Business

39431 US HWY 19 N.
PALM HARBOR FL 34684
US

Mailing Address

36431 US HWY 19 N.
PALM HARBOR FL 34684-1329
US



3. Date Incorporated or Qualified 12/26/1989
3a. Date of Last Report 02/09/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 5603 RIVERSIDE DRIVE		26 P.O. Box 310		59-2993058		Not Applicable	
Suite, Apt. # etc		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23 YANKEETOWN, FLORIDA		28 YANKEETOWN, FLORIDA					
Zip		Zip					
24 34498		29 34498					
Country		Country					
25 US		30 US					

9. Name and Address of Current Registered Agent

DENNIS, CAROLE L.
36429 U.S. HWY., 19 N.
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name JOHN H. BERTA
82 Street Address (P.O. Box Number is Not Acceptable) 5603 RIVERSIDE DRIVE
83
84 City YANKEETOWN FL 85 Zip Code 34498

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 H. Berta* DATE: 1/15/97
(Signature of the person appointed as registered agent or the person reinstating the corporation. If the person appointed as registered agent is not the same as the person reinstating the corporation, the signature of the person reinstating the corporation is required.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTA, JOHN H	1.2 NAME	
STREET ADDRESS	36431 US HWY 19 N	1.3 STREET ADDRESS	5603 RIVERSIDE DRIVE
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	YANKEETOWN, FL. 34498
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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 do 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.

SIGNATURE: *John H. Berta* DATE: 1/15/97 (352) 447-5868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)