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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 8:53

DOCUMENT # L94884 (8)

1. Corporation Name
CRYSTAL SUITES, INC.

Principal Place of Business	Mailing Address
1050 EAST NEWPORT CENTER DRIVE DEERFIELD BEACH FL 33442	1050 EAST NEWPORT CENTER DRIVE DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
08/20/1990	04/29/1994

2. Principal Place of Business	2a. Mailing Address
21	26 4301 N. OCEAN BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 # A 908
City & State 23	City & State 28 BOCA RATON FL
Zip 24 / County 25	Zip 29 33431 / County 30 Palm Bch

4. FEI Number 58-1912749 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~SWINTON~~, MICHAEL S 102 N. SWINTON AVE. DELRAY BCH FL 33444	81 Name WEINER, MICHAEL S 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	ARONSON, HOWARD	12 NAME		
STREET ADDRESS	2727 S. OCEAN BLVD.	13 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BEACH FL	14 CITY-ST-ZIP		
TITLE	P	21 TITLE		☒ Change ☐ Addition
NAME	FISHER, JOHN E	22 NAME		
STREET ADDRESS	1050 E NEWPORT CNTR DR	23 STREET ADDRESS	4301 N OCEAN BLVD	
CITY-ST-ZIP	DEERFIELD BCH FL	24 CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VP	31 TITLE		☒ Change ☐ Addition
NAME	FISHER, BETH ANN	32 NAME		
STREET ADDRESS	1050 E NEWPORT CNTR DR	33 STREET ADDRESS	4301 N. OCEAN BLVD	
CITY-ST-ZIP	DEERFIELD BCH FL	34 CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	ST	41 TITLE		☐ Change ☐ Addition
NAME	MURRAY, JEANNE	42 NAME		
STREET ADDRESS	3602 HOWLETT HILL RD	43 STREET ADDRESS		
CITY-ST-ZIP	CAMILLUS NY	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jeanne M Murray JEANNE M MURRAY 5/31/95 (315) 637-9819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0266478 CP