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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M30445

(4)

CRYSTAL BEACH DEVELOPMENT CORP.

## **FILED** May 09 1997 8:00am Secretary of State



Principal Place of Business 1011 IVES DAIRY RD 208 N MAIMI BCH FL 33179 US		Mailing Address 1011 IVES DAIRY RD 208 N MIAMI BCH FL 33179-2515		A FERINDAN DED NAME DERNI DIDIN GIDDE BEEK BARNI DIDIN		
		US			3. Date Incorporated or Qualified 04/14/1986	3a. Date of Last Report 04/25/1996
2. Principal Place of Business 21 2450 HOLLYWOOD BLVD.		2a. Mailing Address 26 2450 HOLLYWOOD BLVD.			4. FET Number 59-2698358	Applied For Not Applicable
Sulte, Apt. #, etc. 22 # 305		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat 23 HOLLY	e √OOD, FL	City & State 28 HOLLYWOOD, FL			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 33020	Country 25 USA	<sup>7ip</sup> 29 33020	Count 30 USA	ry		Yes 🗌 No
8.45%	9, Name and Address of Curr	ent Registered Agent	8	1 None	10. Name and Address of New Reg	istered Agent
	/ers, Hillel 5 pine tree drive		°	1 Name		
	MI BEACH FL 33139		82 Street A		dress (P.O. Box Number is Not Acceptable)	
1448.6			В	3		
			8	4 City		ar Zin Codo
						FL 85 Zip Code
office or r agent. I a SIGNATURE					poration submits this statement for the pu dion's board of directors. I hereby accept	
12.	Signature, typed or printed name of registered a OFFICERS A	agent and tide if applicable (NO NDD DIRECTORS	DIE Registered A	gent signature requ	ored when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AMD DIRECTORS IN 12
TITLE	PCD	DETETE	1.1 1000		ADDITIONS/OFFARES TO OFF TO	Change Addition
NAME	MEYERS, HILLEL		1.2 NAME	-		¥
STREET ADDRESS	4875 PINE TREE DR		1.8 STRE	et address		
CHY-ST-ZIP	MIAMI BEACH FL		1.4 CFT Y	SI-ZIP		
TITLE NAME	MÉVEDO NEU		2.1 TITLE			Change   Addition
STREET ADDRESS	11111 BISCAYNE BLVD.		2.2 NAM	E1 ADDRESS		
CITY-ST-ZIP	NO. MIAMI FL		2.4 CITY		* ·	
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS				1 ADORESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY			Cherry Tarre
NAME		ר אננגונ	4.1 TITLE 4.2 NAM			Change Addition
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	i		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS		•	5.3 STREE	T ADDRESS		
CITY-ST-ZIP		T brieze	54 CHY-			
TITLE		☐ DELETÉ	6.1 TITLE	1		Change Addition
NAME Street address			62 NAME	i		
CITY-ST-ZIP				T ADDRESS		
	w certify that the information event	includes the files does not all	6 4 CiTY -	31-7II'	d in Continue 440 07/07/0 [[	

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