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Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90052 029 \*\*\*150.00

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

 PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # M61189 1. Corporation Name

CRYSTAL GROVE CORPORATION

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Principal Place	e of Business	Mailing	g Address					1181			1001 f01 <u>1</u>	<b>i ib</b> ii <b>u</b> i <b>a</b> ii i	HIBR WIDH I		<b>  </b>
950 S. DIXIE HI		950 S.	950 S. DIXIE HIGHWAY												
P.O. BOX 2001			P.O. BOX 2001					DO NOT WRITE IN THIS SPACE							
HOLLYWOOD FL 33022 HOLLYWOOD FL 33022			WOOD FL 33022				3	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed							
							"	10/21/		u 01 w.c.					
2. Principal Pl	lace of Business	2a. Ma	ailing Address				. 4.	. FEI Nun						Appl	ied For
21		26						65-00	<u> 16247</u>					Not	Applicable
Suite, Apt.	#, etc.	Su	uite, Apt. #, etc.				5	. Certifcat	e of Stat	ns Desir	ed				ditional
22		27					J.							e Req	
City & State	е	<del> </del>	City & State					Election		_	cing				lay Be
23		[28]		_ <u>-</u>				Trust Fu						led to	Fees
Zip	Country 25	Zip	3	30	ountry		8.	. This corp Persona			e curre	nt year in	tangible Yes	- 1	<b>a</b> No
24	9. Name and Address of C		ed Agent	1301	1		10	Name a			New Ro	gistered		<del>  Z</del>	<b></b>
	3. Hallio and riderogs of o	un one regions			81	Name						_37		÷	•
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950	s. Dixie Highway				82	Street	Address (	P.O. Box I	Number	IS NOT AC	ceptai	DIE)			
HOLI	LYWOOD FL 33020				83					14.	1. 1.	1 1	***	113.	
					84	City						*		Zip Co	
		·			il	•						<u>FL</u>	-   '	·	
		7.0500 2.07.1						on submits	this stat	ement fo	or tha e		changin	a ito r	
11. Pursuant t	to the provisions of Sections 60	7.0502 and bur.	1508, Florida Stat	utes, the	above	-named	corporation's h	neard of di	ectors	hereby	acceni	the appo	intment a	y 113 11 Is redi	egistered stered
office or re	to the provisions of Sections 60; egistered agent, or both, in the 5 m familiar with, and accept the c	State of Florida 5	Such change was	authoriza	ed by i	the corp	oration's b	oard of di	ectors.	hereby	accept	the appo	intment a	ıs regi	egistered stered
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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.

6.4 CITY-ST-ZIP

SIGNATURE: 8

CITY-ST-ZIP