

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N06999 (9)

1. Corporation Name
CRYSTAL COVE, INC., A CONDOMINIUM



Principal Place of Business Mailing Address
450 GOLDEN ISLES DRIVE HALLANDALE FL 33009

3. Date Incorporated or Qualified **01/08/1985** 3a. Date of Last Report **03/08/1995**
 4. FEI Number **59-1110577** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

**MASON, STEVEN A., P.A.
 3475 SHERIDAN STREET
 HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE **3-8-96**

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	MENARD, MILTON	
STREET ADDRESS	450 GOLDEN ISLES DR., #2D	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LEWIS, LYNNE	
STREET ADDRESS	450 GOLDEN ISLES DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33099	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DELLORE, MICHAEL	
STREET ADDRESS	450 GOLDEN ISLES DRIVE.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'BRIEN, BOB	
STREET ADDRESS	450 GOLDEN ISLES DRIVE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIPPES, THOMAS L	
STREET ADDRESS	450 GOLDEN ISLES DR.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P-T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	450 GOLDEN ISLES DR 2D	
1.3 STREET ADDRESS	HALLANDAKE FL 33009	
1.4 CITY-ST-ZIP	EDWARD PIERONI Pres. TREAS	
2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MIKE PRES. SECT.	
2.3 STREET ADDRESS	MILTON MENARD	
2.4 CITY-ST-ZIP	450 GOLDEN ISLES DR 2-D	
3.1 TITLE	BOARD MEMBER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	THOMAS LIPPES	
3.3 STREET ADDRESS	450 GOLDEN ISLES DR 1E	
3.4 CITY-ST-ZIP	HALLANDALE FL 33009	
4.1 TITLE	BOARD MEMBER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PATRICIA ATAMIAN	
4.3 STREET ADDRESS	450 GOLDEN ISLES DR 3F	
4.4 CITY-ST-ZIP	HALLANDALE FL 33009	
5.1 TITLE	BOARD MEMBER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SAINO, TORRE	
5.3 STREET ADDRESS	450 GOLDEN ISLES DR 1B	
5.4 CITY-ST-ZIP	HALLANDALE FL 33009	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **MILTON MENARD & Sec.** Date: **6-13-96** Daytime Phone #: **1-954-458-7280**
 \$61.25
 07-08-96 Dep
 0006261

CR2E037 (3/96)