


FILE NOW: FILING FEE IS \$61.25

FILED
May 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # NO 6999
 1. Corporation Name
CRYSTAL COVE, INC., A CONDOMINIUM

Principal Place of Business 450 GOLDEN ISLES DR HALLANDALE FL 33009	Mailing Address 450 GOLDEN ISLES DR HALLANDALE FL 33009
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	29 Country	30 Country
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3. Date Incorporated or Qualified 5/11/05/77	3a. Date of Last Report
4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 **PEIRONI, EDWARD**
 82 Street Address (P.O. Box Number is Not Acceptable)
450 GOLDEN ISLES DR
 83
 84 City **HALLANDALE** FL 85 Zip Code **33009**

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 *Edward Peironi* **EDWARD PEIRONI PRES** **4 30 97**
Signature, typed or printed name of registered agent and title, if applicable (Not FL Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	A/T	<input type="checkbox"/> DELETE
NAME	PEIRONI, EDWARD	
STREET ADDRESS	450 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	V/P	<input type="checkbox"/> DELETE
NAME	MENARD, MILTON	
STREET ADDRESS	450 GOLDEN ISLES DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIPPES, THOMAS	
STREET ADDRESS	450 GOLDEN ISLES DR 1E	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAMIAN, PATRICIA	
STREET ADDRESS	450 GOLDEN ISLES DR 3F	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MILLER, RICHARD	
1.3 STREET ADDRESS	450 GOLDEN ISLES DR	
1.4 CITY-ST-ZIP	HALLANDALE FL 33009	
2.1 TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PEIRONI, EDWARD	
2.3 STREET ADDRESS	450 GOLDEN ISLES DR	
2.4 CITY-ST-ZIP	HALLANDALE FL 33009	
3.1 TITLE	W/P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MENARD, MILTON	
4.3 STREET ADDRESS	450 GOLDEN ISLES DR	
4.4 CITY-ST-ZIP	HALLANDALE FL 33009	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward Peironi* **EDWARD PEIRONI PRES** **4/30/97** **9544587280**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/96)