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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

573553 - 90014 - 19

DOCUMENT

DOCUMENT # N25631

1. Corporation Name

THE CRYSTAL CLUB, INC.

Principal Place of Business	Mailing Address
C/O C JOHN BRASHER 6709 RIDGE ROAD, S-200 PORT RICHEY FL 34668 US	C/O C JOHN BRASHER 6709 RIDGE ROAD, S-200 PORT RICHEY FL 34668 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2739 U.S. HWY 19	26 P.O. BOX 2108	03/28/1988
Suite, Apt. #, etc. 22 SUITE 201	Suite, Apt. #, etc. 27	4. FEI Number 59-2929758 ☐ Applied For ☐ Not Applicable
City & State 23 HOLIDAY, FL	City & State 28 ELFERS, FL	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip / Country 24 34691 25 USA	Zip / Country 29 34690-2108 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NORTON, DAVID C 6709 RIDGE ROAD, S-200 PORT RICHEY FL 34668	81 Name: C JOHN BRASHER 82 Street Address (P.O. Box Number is Not Acceptable): 2739 U.S. HWY 19 83 SUITE 201 84 City: HOLIDAY FL 85 Zip Code: 34681

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: [signature] President — DATE: 5/7/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRASHER, C J 6709 RIDGE ROAD, SUITE 200 PORT RICHEY FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 2739 U.S. HWY 19, SUITE 201 HOLIDAY, FL 34691
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SILVA, SUSAN 6709 RIDGE RD PORT RICHEY FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 2739 U.S. HWY 19, SUITE 201 HOLIDAY, FL 34691
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NORTON, DAVID C 6709 RIDGE ROAD, S-200 PORT RICHEY FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	JOHN E. HUDSON (D) ☐ Change ☒ Addition 2739 U.S. HWY. 19, SUITE 201 HOLIDAY, FL 34691
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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 617, 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.

SIGNATURE: SUSAN SILVA — 4-22-99 — 727-943-0138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #