

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000054587 (9)

1. Corporation Name

EBT CRYSTAL IMPORTS, INC.



Principal Place of Business

Mailing Address

C/O STEPHEN J. STRALEY  
3990 SHERIDAN STREET  
HOLLYWOOD FL 33021

C/O STEPHEN J. STRALEY  
3990 SHERIDAN STREET  
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified

08/02/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0430313

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRALEY, STEPHEN J  
505 NORTHEAST 125TH STREET  
NORTH MIAMI FL 33161

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP  
NAME MASLANKA, EDWARD  
STREET ADDRESS 751 NORTHEAST 165TH STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
*Stephen J. Straley*  
*17001 NE 13 Ave. N. Miami*  
*F 33162*

TITLE VP  
NAME COWAN, THELMA  
STREET ADDRESS 1850 NORTHEAST 174TH STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
*Thelma Cowan*  
*1850 N.E. 174th St.*  
*N. M. B. 71A. 33162*

TITLE P  
NAME DAYTON, BARBARA  
STREET ADDRESS 473 GOLDNE BEACH DRIVE  
CITY-ST-ZIP GOLDEN BEACH FL 33160

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
*PRESIDENT*  
*BARBARA DAYTON*  
*473 GOLDEN BEACH DR.*  
*GOLDEN BEACH, FL 33160*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

*Barbara J. Dayton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96 (305)931-0643  
Date Daytime Phone #

CR2E034 (12/95)