

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 # P93000054587

1. Corporation Name
EBT CRYSTAL IMPORTS, INC.

Principal Place of Business
C/O STEPHEN J. STRALEY
3990 SHERIDAN ST STE 109
HOLLYWOOD FL 33021
US

Mailing Address
C/O STEPHEN J. STRALEY
3990 SHERIDAN ST STE 109
HOLLYWOOD FL 33021
US

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90092 034 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/02/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STRALEY, STEPHEN J
3990 SHERIDAN ST STE 1009
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 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

OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MASLANKA, EDWARD	
STREET ADDRESS	1700 NE 13TH AVE	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	COWAN, THELMA	
STREET ADDRESS	1850 NE 174 ST	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DAYTON, BARBARA	
STREET ADDRESS	473 GOLDEN BCH DR	
CITY-ST-ZIP	GOLDEN BEACH FL 33160	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thelma Cowan
2.3 STREET ADDRESS	1850 N.E. 174 St.
2.4 CITY-ST-ZIP	N. M. Beach, Fla. 33162
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Barbara L. Dayton
3.3 STREET ADDRESS	473 Golden Bch Dr.
3.4 CITY-ST-ZIP	Golden Bch, FL 33160
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)