FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 20 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000075169 (1)

1. Corporate Name
CRYSTALFLOW, INC.

Principal Office Address
1104 WHITE ST.
KEY WEST FL 33040

Mailing Address
1104 WHITE ST.
KEY WEST FL 33040

CERTIFY NOTE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1993
3a. Date of Last Report: 05/01/1994

2. FEI Number (21)
2a. Mailing Address (26)
4. FEI Number: 65-0446133 — Applied For / Not Applicable

Suite, Apt. # etc. (22) — Suite, Apt. # etc. (27)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City (23) — City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

State (24) — Country (25) — State (29) — Country (30)

8. Does corporation have outstanding tax liability under § 199.133 Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
ANTHONY TAYLOR
1104 WHITE ST.
KEY WEST FL 33042

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 Section 607.0501 and 607.1608 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, officers, or duly authorized agent. I am familiar with and accept the obligations of Section 607.0501 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Address
D	TAYLOR, ANTHONY	1104 WHITE ST. KEY WEST FL 33040
D	TAYLOR, VICKI	1104 WHITE ST. KEY WEST FL 33040
D	KEMP, DEWAYNE	1104 WHITE ST. KEY WEST FL 33040

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, and actually typed or printed on this report, is true and accurate and that my signature shall be the same as required by Chapter 607, Florida Statutes. I further certify that the annual report or supplemental annual report is true and accurate and that my signature shall be the same as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 or Block 14 of this report or on an attachment with an address.

SIGNATURE: (ANTHONY TAYLOR) 4/15/95 (305)292-1860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0100343 CP