FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000075169 (1)

CRYSTALFLOW, INC.

| Principal Place of Business Mailing Address | | | | | | 00 111 1800: 1 1101 11010 1 11 | |
|---|--|--|--|-------------------|--|---|-------------------|
| 1104 WHITE ST KEY WEST FL | | 1104 WHITE ST. KEY WEST FL 33040-33 | 1104 WHITE ST. KEY WEST FL 33040-3327 | | | | |
| | | - ·•· | | | 3. Date Incorporated or Qualified 10/29/1993 | 3a. Date of Last Report 04/18/1996 | |
| | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | pplied For |
| Sulte, Apt. | # etc | Suite, Apt. #, etc. | | | 65-0446133 | | ot Applicable |
| | | 27 | Cone, Apr. M. Co. | | 5. Certificate of Status Desired See Required | | |
| City & State | | Cily & State | | | 6. Election Campaign Financing | | |
| 23 | | 28 | i] | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees | | |
| Zip | Country | Zip | hanne y | | 8. This corporation has liability for intangible tax under s. 199.032, | | |
| 24 | 25 29 | | 30 | | Florida Statutes Yes No | | |
| | 9. Name and Address of Currer | nt Registered Agent | 81 | Name | 10. Name and Address of New Reg | istered Agent | |
| | HONY TAYLOR | | 0. | Nane | | | |
| | WHITE ST. | | 82 Str | | Address (P.O. Box Number is Not Acceptable) | | |
| KEY WEST FL 33042 | | | 83 | | The second secon | | |
| | | | | | | | |
| | | | 84 | City | | FL 85 Zip | Code |
| 11. Pursuant | to the provisions of Sections 607.050 |)2 and 607.1508, Florida Stat | lutes, the above | -named corp | poration submits this statement for the pu | | its registered |
| office or r | egistered agent, or both, in the State m familiar with, and accout the oblic | of Florida. Such change wa ations of Section 607 0505 | s authorized by Florida Statutes | the corpora | poration submits this statement for the pution's board of directors, I hereby accep | t the appointment as | s registered |
| SIGNATURE | The transfer of the conference | the K of cooker our book, | . Ionida Glarataa | • | | | |
| JIGHATORE. | Signature, typed or printed name of registered age | ortand tile if applicable (N | O1L Registered Ager | il signature requ | red when reinstating) | DAIE | |
| 12. | | D DIRECTORS | 18. | | ADDITIONS/CHANGES TO OFFICE | | |
| TITLE | D ANTHONY | L DELETE | 1.1 THLE | | | L_ Change | Addition |
| NAME | TAYLOR, ANTHONY 1104 WHITE ST. | | 1.2 NAMI | | | | |
| STREET ADDRESS | KEY WEST FL 33040 | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP TITLE | D | DELETE | 14 CITY-SI 21 DILE | · Z 3' | | Change | Addition |
| NAME | TAYLOR, VICKI | | 2.2 NAME | | | Onlying | |
| STREET ADDRESS | 1104 WHITE ST. | | 2.3 STREET ADDRESS | | • | | |
| CITY-ST-ZIP | KEY WEST FL 33040 | | 2. 4 CITY - \$1 - ZIP | | | | |
| TITLE | | DELETE | 3.1 TITLE | | | Change | Addition |
| NAME | | | 3.2 NAME | • | | | |
| STREET ADDRESS | | | 3 8 STREFT | ADDRESS | | | |
| CITY-ST-ZIP | Tourse | | 3.4. CITY-S | 1 - 7IP | | | |
| TITLE | L_J DELETE | | 4.1 TITLE | | | | Addition |
| NAME Street address | | | 4. 2 NAME | *ODDECC | | | |
| CITY-ST-ZIP | | | 4.3 STREET | | | | |
| TITLE | DELETE | | 4.4 CHY-ST 5.1 THLE | · tle | | Change | Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.8 STHEET | AUDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CHTY-ST | | | | - |
| TITLE | DELETE | | 6 t THLE | | | ☐ Change | Addition |
| NAME | | | 6 8 NAME | | | | |
| \$TREET ADDRESS | | | 6.8 STHEET | AODRESS | | | |
| CITY-ST-ZIP | and the that the left and the left | al (A) a) a | 6.4 CITY-ST | | | -7.7 | |
| intormatic I am an o | on indicated on this annual report or s | supplemental annual report is othe receiver or trustee empe | s true and accu owered to exect | rate and tha | d in Section 119.07(3)(i), Florida Statutes I my signature shall have the same logal rt as required by Chapter 607, Florida St | effect as if made ur | nder oath: that l |