Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90065 013 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUÀL RÉPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000075169

1. Corporation Name

CRYSTA	LFLOW, INC				į				
Principal Place	of Business	Mailing Address				F INNSTANCT IN THE FOCAN TAILS MARKET DAGIT ON	ili Barsı iddəl Asınt tını	'M BEITA LEEF INDE	
1104 WHITE ST.  KEY WEST FL 33040  1104 WHITE ST.  KEY WEST FL 33040						DO NOT WRITE IN	N THIS SPACE		
					ŀ	3. Date Incorporated or Qualifed 10/29/1993			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	A	pplied For	
21	·	26				65-0446133		lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1	5. Certificate of Status Desired		Additional Required	
City & State	e a company	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees	
Zip 24	. Country	Zip 29	Cou	ntry		This corporation owes the current y     Personal Property Tax.	☐ Yes	≥ No	
	9. Name and Address of Currer	it Registered Agent				10. Name and Address of New Regis	stered Agent		
	IONNY TANA OR			81 Name	)				
ANTHONY TAYLOR				82 Street	Addres	ress (P.O. Box Number is Not Acceptable)			
1104 WHITE ST. KEY WEST FL 33042									
NET	WEST FL 33042			83					
	• .			84 City			FL 85 Zip	Code	
office of re agent. I as SIGNATURE	to the provisions of sectors do? The State of segistered agent, or both, in the State of familiar with, and accept the obligation of the state of segistered age of segistered age.	of Florida. Such change wa tions of, Section 607.0505,	is authorized	I by the corp utes.	poration :	ation submits this statement for the purps board of directors. I hereby accept the	appointment as r	egistered	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 12	
TITLE	D	☐ DELETE	1.1 ΤΙ	TLE .	1		Change	Addition	
NAME.	TAYLOR, ANTHONY		1.2 N	WE					
STREET ADDRESS	1104 WHITE ST.		1.3 ST	REET ADDRESS	3				
CITY+ST-ZiP	KEY WEST FL 33040		1,4 CI	TY-ST-ZIP	<u> </u>				
TITLE	D	☐ DELETE	2.1 TI	r.E			Change	Addition	
NAME	TAYLOR, VICKI		2.2 N	WE	1				
STREET ADDRESS	1104 WHITE ST.		2.3 ST	REET ADDRESS	š				
CITY-ST-ZIP	KEY WEST FL 33040			ITY-ST-ZIP	<u></u>				
TITLE	·	☐ DELETE	3.1 TI	TLE			Change	Addition	
NAME			3.2 N/	ME					
STREET ADDRESS	•		3.3 S	REET ADDRESS	\$				
CITY-ST-ZIP	<u></u>		3.4. C	ITY+ST-ZIP		, , , , , , , , , , , , , , , , , , ,			
TITLE		☐ DELETE	4.1 TI	rle	1		Change	Addition	
NAME			4.2 N	AME	1				
STREET ADDRESS	•		4.3 \$1	REET ADDRESS	;		i.		
CITY-ST-ZIP	<u> </u>			TY-ST-ZIP	1				
TITLE		☐ DELETE	5,1 TI	πε			☐ Change	Addition	
NAME			5.2 N	ME	1			1	
STREET ADDRESS			5.3 ST	REET ADDRESS	3				
CITY-ST-ZIP	•			TY-ST-ZIP	<u></u>				
TITLE		DELETE	6.1 TI	TLE	T		☐ Change	☐ Addition	

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

ANTAGONICE AYLOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR