


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

FILED

Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000001121 (0) 1. Corporation Name KRYSTAL KLEAR IMAGES INC.			
Principal Place of Business PO BOX 451438 SUNRISE FL 33345-1438		Mailing Address PO BOX 451438 SUNRISE FL 33345-1438	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 01/06/1994		3a. Date of Last Report 04/29/1996	
4. FEI Number 65-0465720		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent WATERMAN, BRAD 3815 NW 121 AVE SUNRISE FL 33323		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 (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 1.5 TITLE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY - ST - ZIP 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY - ST - ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY - ST - ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY - ST - ZIP 1.21 TITLE 1.22 NAME 1.23 STREET ADDRESS 1.24 CITY - ST - ZIP 1.25 TITLE 1.26 NAME 1.27 STREET ADDRESS 1.28 CITY - ST - ZIP 1.29 TITLE 1.30 NAME 1.31 STREET ADDRESS 1.32 CITY - ST - ZIP 1.33 TITLE 1.34 NAME 1.35 STREET ADDRESS 1.36 CITY - ST - ZIP 1.37 TITLE 1.38 NAME 1.39 STREET ADDRESS 1.40 CITY - ST - ZIP 1.41 TITLE 1.42 NAME 1.43 STREET ADDRESS 1.44 CITY - ST - ZIP 1.45 TITLE 1.46 NAME 1.47 STREET ADDRESS 1.48 CITY - ST - ZIP 1.49 TITLE 1.50 NAME 1.51 STREET ADDRESS 1.52 CITY - ST - ZIP 1.53 TITLE 1.54 NAME 1.55 STREET ADDRESS 1.56 CITY - ST - ZIP 1.57 TITLE 1.58 NAME 1.59 STREET ADDRESS 1.60 CITY - ST - ZIP 1.61 TITLE 1.62 NAME 1.63 STREET ADDRESS 1.64 CITY - ST - ZIP 1.65 TITLE 1.66 NAME 1.67 STREET ADDRESS 1.68 CITY - ST - ZIP 1.69 TITLE 1.70 NAME 1.71 STREET ADDRESS 1.72 CITY - ST - ZIP 1.73 TITLE 1.74 NAME 1.75 STREET ADDRESS 1.76 CITY - ST - ZIP 1.77 TITLE 1.78 NAME 1.79 STREET ADDRESS 1.80 CITY - ST - ZIP 1.81 TITLE 1.82 NAME 1.83 STREET ADDRESS 1.84 CITY - ST - ZIP 1.85 TITLE 1.86 NAME 1.87 STREET ADDRESS 1.88 CITY - ST - ZIP 1.89 TITLE 1.90 NAME 1.91 STREET ADDRESS 1.92 CITY - ST - ZIP 1.93 TITLE 1.94 NAME 1.95 STREET ADDRESS 1.96 CITY - ST - ZIP 1.97 TITLE 1.98 NAME 1.99 STREET ADDRESS 1.100 CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 1.5 TITLE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY - ST - ZIP 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY - ST - ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY - ST - ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY - ST - ZIP 1.21 TITLE 1.22 NAME 1.23 STREET ADDRESS 1.24 CITY - ST - ZIP 1.25 TITLE 1.26 NAME 1.27 STREET ADDRESS 1.28 CITY - ST - ZIP 1.29 TITLE 1.30 NAME 1.31 STREET ADDRESS 1.32 CITY - ST - ZIP 1.33 TITLE 1.34 NAME 1.35 STREET ADDRESS 1.36 CITY - ST - ZIP 1.37 TITLE 1.38 NAME 1.39 STREET ADDRESS 1.40 CITY - ST - ZIP 1.41 TITLE 1.42 NAME 1.43 STREET ADDRESS 1.44 CITY - ST - ZIP 1.45 TITLE 1.46 NAME 1.47 STREET ADDRESS 1.48 CITY - ST - ZIP 1.49 TITLE 1.50 NAME 1.51 STREET ADDRESS 1.52 CITY - ST - ZIP 1.53 TITLE 1.54 NAME 1.55 STREET ADDRESS 1.56 CITY - ST - ZIP 1.57 TITLE 1.58 NAME 1.59 STREET ADDRESS 1.60 CITY - ST - ZIP 1.61 TITLE 1.62 NAME 1.63 STREET ADDRESS 1.64 CITY - ST - ZIP 1.65 TITLE 1.66 NAME 1.67 STREET ADDRESS 1.68 CITY - ST - ZIP 1.69 TITLE 1.70 NAME 1.71 STREET ADDRESS 1.72 CITY - ST - ZIP 1.73 TITLE 1.74 NAME 1.75 STREET ADDRESS 1.76 CITY - ST - ZIP 1.77 TITLE 1.78 NAME 1.79 STREET ADDRESS 1.80 CITY - ST - ZIP 1.81 TITLE 1.82 NAME 1.83 STREET ADDRESS 1.84 CITY - ST - ZIP 1.85 TITLE 1.86 NAME 1.87 STREET ADDRESS 1.88 CITY - ST - ZIP 1.89 TITLE 1.90 NAME 1.91 STREET ADDRESS 1.92 CITY - ST - ZIP 1.93 TITLE 1.94 NAME 1.95 STREET ADDRESS 1.96 CITY - ST - ZIP 1.97 TITLE 1.98 NAME 1.99 STREET ADDRESS 1.100 CITY - ST - ZIP			
14. I do 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.			
SIGNATURE: BRAD WATERMAN BRAD WATERMAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)

3/13/97 (754) 7492212