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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P94000066938 (9) DOCUMENT #

CRYSTAL FINANCIAL CORPORATION

Principal	Place of	Business

Mailing Address

FILED May 13 1998 8:00am Secretary of State



240 COMMERCIAL BLVD. LAUDERDALE BY THE SEA FL 33308 240 COMMERCIAL BLVD. LAUDERDALE BY THE SEA FL 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/13/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 13-3787219 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country $Z_{\rm ID}$ Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. □ No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SPEIGEL, STANLEY 240 COMMERCIAL BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 LAUDERDALE BY THE SEA FL 33308 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed harne of registered agent and title it appealable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Addition TITLE Change MULLER, LESLIE NAME 1.2 NAME **131 CROCUS AVENUE** STREET ADDRESS 1.3 STREET ADDRESS FLORAL PARK NY 11001 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME **STREET ADDRESS** 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP □ DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE Change ___ Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 changer, or on an attachment with an address

H1.//

4/2../00