

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Apr 17 1998 8:00am  
Secretary of State

DOCUMENT # **P94000067915 (6)**

1. Corporation Name

**CRYSTAL HI-RISE, INC.**

Principal Place of Business

**3474 ARECA PALM AVE  
MELBOURNE FL 32901**

Mailing Address

**3474 ARECA PALM AVE  
MELBOURNE FL 32901**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/14/1994**

4. FEI Number

**59-3270511**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

**21 15 E Melbourne**

Suite, Apt. #, etc.

**22 Melbourne FL**

City & State

**23**

Zip

**24 32901**

Country

**25 U S**

2a. Mailing Address

**26 P.O. Box 722**

Suite, Apt. #, etc.

**27**

City & State

**28 Melbourne**

Zip

**29 32902-0722**

Country

**30 U S**

9. Name and Address of Current Registered Agent

**MC GEE, CHARLES  
3474 ARECA PALM AVE  
MELBOURNE FL 32901**

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 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **MC GEE, CHARLES W**  
STREET ADDRESS **3474 ARECA PALM AVE**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **S** ☐ DELETE  
NAME **PIASKECKI, DAVE**  
STREET ADDRESS **2582 CARMEL ROAD**  
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **V** ☐ DELETE  
NAME **BURCHFIELD, BEN**  
STREET ADDRESS **341 AVENIDA LA VISTA**  
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **V P** ☐ DELETE  
NAME **Tom Van Dyke**  
STREET ADDRESS **109 Maple Drive**  
CITY-ST-ZIP **Satellite Beach 32937**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE *Charles McGee*

*4/13/98*

CP2E034 (10/97)