

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000067915

1. Corporation Name

CRYSTAL HI-RISE, INC.

Principal Place of Business

~~15 E MELBOURNE~~
MELBOURNE FL 32901
US

Mailing Address

P.O. BOX 722
MELBOURNE FL 32902-0722
US

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90035 007 ***150.00



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

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MC GEE, CHARLES

~~3474 ARECA PALM AVE~~

~~MELBOURNE FL 32901~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

140 Cambridge Ct

83

84 City

Indialantic

FL

85 Zip Code

32903

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

Charles Miller

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/99

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 VP ☐ DELETE

NAME VAN DYKE, TOM

STREET ADDRESS 109 MAPLE DRIVE

CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

140 Cambridge Ct

Indialantic FL 32903

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, with all other like empowered.

SIGNATURE:

Charles Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99
Date

407-7250930
Daytime Phone #

CR2E034 (11/98)

0118478