

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000081305 (2)

1. Corporation Name

CRYSTAL Club LTD. INC

Principal Place of Business

5111 Edgewater Dr  
Orlando FL 32810

Mailing Address

5111 Edgewater Dr  
Orlando FL  
32810

2. Principle Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30

3. Date Incorporated or Qualified

11-4-94

3a. Date of Last Report

1996

4. FEI Number

59-3277976

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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

Stone, Stephen M.  
725 North Magnolia Ave  
Orlando FL 32803

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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 of Registered Agent or Registered Agent and File if applicable

(NOTE: Registered Agent signature required when reniscing)

DATE

CR2E034 (9/96)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
>Title	Name	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Street Address			12 NAME	
City, St, Zip			13 STREET ADDRESS	
			14 CITY-ST-ZIP	
>Title	Name	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Street Address			22 NAME	
City, St, Zip			23 STREET ADDRESS	
			24 CITY-ST-ZIP	
>Title	Name	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Street Address			32 NAME	
City, St, Zip			33 STREET ADDRESS	
			34 CITY-ST-ZIP	
>Title	Name	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Street Address			42 NAME	
City, St, Zip			43 STREET ADDRESS	
			44 CITY-ST-ZIP	
>Title	Name	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Street Address			52 NAME	
City, St, Zip			53 STREET ADDRESS	
			54 CITY-ST-ZIP	
>Title	Name	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Street Address			62 NAME	
City, St, Zip			63 STREET ADDRESS	
			64 CITY-ST-ZIP	

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-01/29/97--01053--0313 1-28

\*\*\*165.00

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:

*Jeffrey Harris Bros* *Jeffrey Harris Bros*  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #