

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Myrland
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 28 AM 10: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000087978 (0)**

1. Corporation Name

CRYSTAL WIND COMMUNICATIONS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**155 SE HWY 19
SUITE A
CRYSTAL RIVER FL 34429** **155 SE HWY 19
SUITE A
CRYSTAL RIVER FL 34429**

3. Date Incorporated or Qualified 12/02/1994	3a. Date of Last Report
4. FEI Number 59-3281185	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. # etc.
22 City & State	27 City & State
24 Country	29 Country

9. Name and Address of Current Registered Agent

**RUSS, STEPHANIE J
8938 W RIVER GLEN CT
CRYSTAL RIVER FL 34448**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIS, MARK
STREET ADDRESS	879 N APPALACHIAN TERR CRYSTAL RIVER FL 34429
CITY, ST, ZIP	
TITLE	D
NAME	GREEN, EARL J
STREET ADDRESS	8938 W RIVER GLEN CT CRYSTAL RIVER FL 34448
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 NAME	
13 STREET ADDRESS	
13 CITY, ST, ZIP	
14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14 NAME	
14 STREET ADDRESS	
14 CITY, ST, ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
15 STREET ADDRESS	
15 CITY, ST, ZIP	
16 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
16 STREET ADDRESS	
16 CITY, ST, ZIP	
17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME	
17 STREET ADDRESS	
17 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.031(8)(a), Florida Statutes. I further certify that the information made a part of 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 liquidator empowered to make the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Earl J. Green* **Earl J. Green** 4-25-95 904-563-5222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number