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

**PROFIT CORPORATION** ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000090771 (4)

CRYSTAL ARBORS, INC.

Suite, Apl. #, etc.

Principal Place of Business	Mailing Address		
735 NW 101ST TERRACE PLANTATION FL 33324 US	735 NW 101ST TERRACE PLANTATION FL 33324-1062 US		
2. Principal Place of Business	<b>2a.</b> Mailing Address		

## **FILED** Feb 18 1997 8:00am Secretary of State



3a. Date of Last Report 03/22/1996

Applied For

\$8.75 Additional

Not Applicable

Date Incorporated or Qualified 12/14/1994

5. Certificate of Status Desired

4. FEI Number

65-0556997

22		27 205		5. Certificate of Status Desired	Fee Required			
City & State		City & State  28 MiAMi Ft		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Country	8. This corporation has liability for intan				
24	25	29 33/76 30	6	Florida Statutes	s No			
	9. Name and Address of Curren			10. Name and Address of New Registe	ered Agent			
2601 19Ti	BER CORPORATE AGENTS, INC 1 S BAYSHORE DR H FLOOR MI FL 33133	•	81 Name No. 82 Street Addr. 83 Suit Att. 84 City Market	82 Suggi Addisons (P.O. Box Number is Not Acceptable) 83 Sift 205				
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, frythe State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, it and fagaliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title of applicable (MCIE: Registered Agent signature required when reinstating)  DATE								
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS				
TITLE	D	DELETE	1.1.T(T) E	<del></del>	Change Addition			
NAME	PERRY, PHILLIP	<del>-</del>	12 NAME	MAY Phillip 1) AMI, FLA 33176	,			
STREET ADDRESS	2015 MYRTLE OAK CIR		1.3 STREET ADDRESS 9.	595 N. KENDALL VA. 8	g W)			
CITY-ST-ZiP	D <del>AVIE FL 333</del> 28		1.4 CITY-ST-ZIP	DAMI FOR 33176				
TITLE		DELETE	2.1 1ITLE		Change Addition			
NAME		l	2.2 NAME					
STREET ADDRESS		,	2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CITY - ST - ZIP					
TITLE		DELETE	31 TITLE		Change Addition			
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE		Change Addition			
NAME		i	4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		DELETE	51 TITLE		Change Addition			
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY - ST - ZIP		l	5.4 CITY - ST - ZIP					
TITLE		DELETE	6.1 TITLE		Change Addition			
NAME		_	6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			64 CITY-ST-ZIP					
14. I do hereb informatio I am an ol appears i	by certify that the information supplied on indicated on this annual report or the flicer or director of the corporation of the Block 12 or Block 13 if changes p	d will this filling does not qualify is supplemental enhual report is true the receiver of rustee empowers ron an attachment with an addre	for the exemption stated and accurate and that ed to execute this repor ss.	d in Section 119.07(3)(i), Florida Statutes, I f my signature shall have the same legal effi t as required by Chapter 607, Plorida Statul	urther certify that the ect as if made under oath; that tes; and that my name			
	2111/02							