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FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000007775 (5)

1. Corporation Name

CRYSTAL SHIP WAVERUNNERS, INC.

Principal Place of Business

415 SECOND AVENUE NORTH
LAKE WORTH FL 33460

Mailing Address

415 SECOND AVENUE NORTH
LAKE WORTH FL 33460-3401

3. Date Incorporated or Qualified

01/22/1996

3a. Date of Last Report

2. Principal Place of Business

21 1591 WILTSHIRE VILLAGE DR

2a. Mailing Address

26 1591 WILTSHIRE VILLAGE DR

4. FEI Number

65-0639513

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

☐ Yes

☒ No

23 City & State

WELLINGTON FL

28 City & State

WELLINGTON FL

24 Zip

33414

Country

USA

29 Zip

33414

Country

USA

9. Name and Address of Current Registered Agent

JORDAN, EMORY C III
415 SECOND AVENUE NORTH
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name

CYNTHIA A PLESCIA

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

1591 WILTSHIRE VILLAGE DRIVE

83

84 City

WELLINGTON

FL

85 Zip Code

33414

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

CYNTHIA PLESCIA, PRES

3-15-97

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PLESCIA, CYNTHIA A
STREET ADDRESS 1591 WILTSHIRE VILLAGE DRIVE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

CYNTHIA PLESCIA, PRES

3-15-97

954-921-0015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)