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Apr 15 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 # P96000068606 (8)

1. Corporation Name

CRUSTRADE, INC.



Principal Place of Business

5549 W PAUL BRYANT DR
CRYSTAL RIVER FL 34429

Mailing Address

5549 W PAUL BRYANT DR
CRYSTAL RIVER FL 34429-2688

3. Date Incorporated or Qualified

08/15/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3403225

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

9. Name and Address of Current Registered Agent

ABBOTT, GLEN C
706 N SUNCOAST BLVD
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

81 Name

RANDALL AUNGST

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

5549 W PAUL BRYANT DR

83

84 City

CRYSTAL RIVER

FL

85 Zip Code

34429

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

Randall Aungst

RANDALL AUNGST

4-9-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME
PRES./Sec'y/Treas.
RANDALL AUNGST
STREET ADDRESS
5549 W PAUL BRYANT DR
CITY- ST- ZIP
CRYSTAL RIVER, FL. 34429

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
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CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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: *Randall Aungst* RANDALL AUNGST, PRESIDENT

(Signature and typed or printed name of signing officer or director)

4-9-97

Date

352-563-2257

Daytime Phone #

0436729

CR2E034 (9/96)