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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 07, 1999 8:00 am
Secretary of State
06-07-1999 90016 011 ***550.00

DOCUMENT # P96000083828

1. Corporation Name
KRYSTAL FINANCIAL SERVICES INC.

Principal Place of Business	Mailing Address
600 SW 4TH AVE 115 FT LAUDERDALE FL 33316 US	600 SW 4TH AVE SUITE 108 FT LAUDERDALE FL 33315 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
10/07/1996

4. FEI Number **65-0725398** — Applied For / Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

---

2. Principal Place of Business

21. 600 SW 4TH AVE
22. SUITE 108
23. FT LAUDERDALE, FL
24. 33315   25. US

2a. Mailing Address

26.
27.
28.
29.   30.

---

9. Name and Address of Current Registered Agent

THYRRE, BRENDA L
8040 SW 18 PLACE
DAVIE FL 33324

10. Name and Address of New Registered Agent

81 Name: BRENDA L. THYRRE
82 Street Address (P.O. Box Number is Not Acceptable): 10964 LAKEVIEW DR.
83: CORAL SPRINGS
84 City   85 Zip Code: FL 33071

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

---

12. OFFICERS AND DIRECTORS | **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE: V NAME: THYRRE, BRENDA L STREET ADDRESS: 8040 SW 18 PLACE CITY-ST-ZIP: DAVIE FL 33324	☐ DELETE	1.1 TITLE: V 1.2 NAME: THYRRE, BRENDA L. 1.3 STREET ADDRESS: 10964 LAKEVIEW DR 1.4 CITY-ST-ZIP: CORAL SPRINGS, FL 33071 — ☑ Change ☐ Addition
TITLE: P NAME: WRIGHT, RICHARD D. J STREET ADDRESS: 8040 SW 18 PLAE CITY-ST-ZIP: DAVIE FL 33324	☐ DELETE	2.1 TITLE: P 2.2 NAME: WRIGHT, RICHARD D. J 2.3 STREET ADDRESS: 10964 LAKEVIEW DR 2.4 CITY-ST-ZIP: CORAL SPRINGS, FL 33071 — ☑ Change ☐ Addition
TITLE: V NAME: EMERSON, SCOTT STREET ADDRESS: 2840 NE 14TH ST, SUITE B209 CITY-ST-ZIP: POMPANO FL 33062	☑ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP — ☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: _____ RICHARD D. WRIGHT JR   5-10-99   (954)533-1666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)