

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

**FILED**  
**Jun 07, 1999 8:00 am**  
**Secretary of State**

06-07-1999 90016 011 \*\*\*550.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

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

2. Principal Place of Business	2a. Mailing Address
21 <b>600 SW 4TH AVE</b>	26 Suite, Apt. #, etc.
22 <b>SUITE 108</b>	27 City & State
23 <b>FT LAUDERDALE, FL</b>	28 City & State
24 Zip <b>33315</b>	29 Country <b>US</b>
25 <b>US</b>	30 Country

3. Date Incorporated or Qualified <b>10/07/1996</b>	Applied For Not Applicable
4. FEI Number <b>65-0725398</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>THYRRE, BRENDA L</b>
STREET ADDRESS	<b>8040 SW 18 PLACE</b>
CITY-ST-ZIP	<b>DAVIE FL 33324</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>WRIGHT, RICHARD D. J</b>
STREET ADDRESS	<b>8040 SW 18 PLAE</b>
CITY-ST-ZIP	<b>DAVIE FL 33324</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>EMERSON, SCOTT</b>
STREET ADDRESS	<b>2840 NE 14TH ST, SUITE B209</b>
CITY-ST-ZIP	<b>POMPANO FL 33062</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>THYRRE, BRENDA L.</b>
1.3 STREET ADDRESS	<b>10964 LAKEVIEW DR</b>
1.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>
2.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>WRIGHT, RICHARD D. J</b>
2.3 STREET ADDRESS	<b>10964 LAKEVIEW DR</b>
2.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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** **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 (1/198)