SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000089944 (8)

CRYSTAL LAKE APARTMENTS, INC.

Principal Place of Business Mailing Address 4300 BAYOU BLVD P.O. BOX 710 SUITE 14 PENSACOLA FL 32503 PENSACOLA FL 32503 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/31/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number 192 N Palafox 59-3422282 26 Suite, Apt #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired

FILED
Oct 15 1998 8:00am
Secretary of State



Applied For

\$8.75 Additional

Fee Required

Not Applicable

City & State	sacola FI	City & State			B. Election Campaign Fit Trust Fund Contribution		May Be to Fees
Zip	1501 Country SA	Zıp	Countri 30	у	8. This corporation owes Personal Property Tax	s or has paid the current year Int	tangible No
<u></u> _	9. Name and Address of Curre		·			of New Registered Agent	
MER	RILL, COLLIER		8	1 Name			
	BAYOU BLVD		ا	2 54-14	rea- (D.O. Day Nambas is Nat	. A	
SUITE 14				Street Address (P.O. Box Number is Not Acceptable)			
	SACOLA FL 32503		8				
			Ĺ				
			8-	4 City Per	SQCOIQ	FL 85 3 2	Code 250
office or i	to the provisions of sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change	was authorized b	y the corporati	indicit subtines tills statement i	for the purpose of changing its re	egistered
SIGNATURE .							
12.	Signature, typed or printed name of registered age	ND DIRECTORS	(NOTE: Registered	Agent signature req	ulred when reinstating)	DATE S TO OFFICERS AND DIRECTO	OPS IN 12
TITLE	D				ADDITIONS/OTIANGER		Addition
NAME	DELETE MERRILL, COLLIER		1.2 NAME			Change Additi	
STREET ADDRESS	4300 BAYOU BLVD, STE 14				12 N Palatox S	St.	
CITY-ST-ZIP	PENSACOLA FL 32503		1.4 CiTY-5	ST-ZIP	ensacola FI 325	500 1	
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IAME			6.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP		ites. I further certify that the information	·