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**Apr 10 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 # P96000099098 (1)

1. Corporation Name
CRYSTAL CARE MANAGEMENT COMPANY, INC.



Principal Place of Business 11580 OAKHURST ROAD LARGO FL 34644	Mailing Address 11580 OAKHURST ROAD LARGO FL 33774-3948
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3. Date Incorporated or Qualified 12/06/1996	3a. Date of Last Report N/A
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2. Principal Place of Business 21 7401 CENTRAL AVENUE Suite, Apt. #, etc.	2a. Mailing Address 26 7401 CENTRAL AVENUE Suite, Apt. #, etc.	4. FEI Number 59-3416622	Applied For Not Applicable
22 City & State 23 ST. PETERSBURG, FL	27 City & State 28 ST. PETERSBURG, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 33710 Country 25 PINELLAS	29 33710 Country 30 PINELLAS	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HUNT, NANCY W ESQUIRE 11580 OAKHURST ROAD LARGO FL 34644		10. Name and Address of New Registered Agent	
81 Name WILLIAM J. MESS	82 Street Address (P.O. Box Number is Not Acceptable) 7401 CENTRAL AVENUE	83	84 City ST. PETERSBURG
			85 Zip Code FL 33710

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: *William J. Mess* **WILLIAM J. MESS** DATE: **4/1/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM J. MESS	1.2 NAME	
STREET ADDRESS	8693 PINETREE DRIVE EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33772	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *William J. Mess* **WILLIAM J. MESS** DATE: **4/1/97** DAYTIME PHONE: **(813) 384-0220**

CR2E034 (9/96)