

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

**FILED**

**Jun 10 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000027787 (5)**  
1. Corporation Name  
**CHRISTALS WATERFRONT ENTERPRISES INC.**



Principal Place of Business <b>4233 SW 23RD AVE CAPE CORAL FL 33914</b>	Mailing Address <b>4233 SW 23RD AVE CAPE CORAL FL 33914</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/24/1997</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
4. FEI Number <b>65-0732423</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CASALE, CHRISTINE M 4233 SW 23RD AVE CAPE CORAL FL 33914</b>		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
			<b>FL</b> 85 Zip Code

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's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D President</b>	NAME <b>CASALE, CHRISTINE M</b>	1.1 TITLE <b>Vice President</b>	NAME <b>CASALE, ALFRED A.</b>
STREET ADDRESS <b>4233 SW 23RD AVE</b>	CITY-ST-ZIP <b>CAPE CORAL FL 33914</b>	1.3 STREET ADDRESS <b>4233 SW 23RD AVENUE</b>	1.4 CITY-ST-ZIP <b>CAPE CORAL, FLORIDA 33914</b>
TITLE <b>D VP. of Public Relations</b>	NAME <b>CASALE, ALFRED T</b>	2.1 TITLE	2.2 NAME
STREET ADDRESS <b>1851 UTOPIA PKWY</b>	CITY-ST-ZIP <b>WHITESTONE NY 11357</b>	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE <b>D Secretary</b>	NAME <b>CASALE, CARMELLA</b>	3.1 TITLE	3.2 NAME
STREET ADDRESS <b>1851 UTOPIA PKWY</b>	CITY-ST-ZIP <b>WHITESTONE NY 11357</b>	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS <b>598162900021</b>	4.4 CITY-ST-ZIP <b>-06/11/98-01007-021</b>
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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.

CR2E034 (10/97)

12/6/10