

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).

FILED  
Aug 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000065728  
1. Corporation Name

CRYSTAL CANYON INC

Principal Place of Business 2225 NURSERY RD 6-102 CLEARWATER FL 34624	Mailing Address 1901-17 WEST BAY DR #229 LARGO FL 33770
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/25/97

2. Principal Place of Business 21 FLORIDA, Suite, Apt. #, etc. 22 2225 Nursery Rd #6-02 City & State 23 Clearwater FL Zip 24 34624	2a. Mailing Address 26 1901-17 West Bay Drive Suite, Apt. #, etc. 27 # 229 City & State 28 LARGO FL Zip 29 33770	4. FEI Number 59-3464539 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent TOM DE GROOT 2225 NURSERY Rd 6-102 Clearwater FL 34624	10. Name and Address of New Registered Agent 81 Name TOM DE GROOT 82 Street Address (P.O. Box Number is Not Acceptable) 2225 NURSERY Rd #6-102 83 84 City CLEARWATER FL 85 Zip Code
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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 agent, 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 TOM DE GROOT DATE 08/14/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/CHAIRMAN <input checked="" type="checkbox"/> DELETE MATHIAS LEVAREK 3739 WAGON WHEEL WAY PARK CITY UT 84098	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MELISSA GUICHONNET 15 WILD TURKEY Rd #A SEDONA AZ 86351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/V.P./SECRETARY <input checked="" type="checkbox"/> DELETE MATHIAS LEVAREK 3739 WAGON WHEEL WAY PARK CITY UT 84098	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ALAIN GUICHONNET 15 WILD TURKEY Road #A SEDONA AZ 86351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ALAIN GUICHONNET 15 WILD TURKEY Rd #A SEDONA AZ 86351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MELISSA GUICHONNET 15 WILD TURKEY Rd #A SEDONA AZ 86351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800002629658 -09/01/98--01012--023 ***150.00

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 or changed, or on an attachment with an address.

SIGNATURE: MELISSA GUICHONNET V.P. 520 7042311

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Crystal Canyon Inc.  
1901-17 West Bay Drive • No. 229  
Largo, Florida 33770 USA  
Tel: 1 (520) 204-2311 • Fax: 1 (520) 203-9278

State of Florida  
August 17, 1998  
Attention: Corporation and Reinstatement Office

To Whom it may Concern,

Please find enclosed a second notice annual report along with a check \$150. In fact, we sent to your office our annual report around mid-February 1998. We just found out last week from a client that Crystal Canyon Inc. was not current. Our letter to your office must have gotten lost. In fact we checked with our bank and the check which we had written to your office had not been paid. However, we can guarantee you in good faith that we had filed our report on time.

Mr. Andy Dunlap from the reinstatement office told us to attach a letter of explanation to our annual report along with \$150 check. We thank you very much for accommodating us and extending us your trust. It is an urgent and critical matter that Crystal Canyon Corp. be reinstated ASAP.

Thank you very much for your understanding and cooperation.

Regards,

Melissa GUICHONNET  
President

