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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000084217 (3)

CRYSTAL CLEAR CONNECTION, INC.

Principal Place of Business	Mailing Address
1048 COOPER DRIVE NAPLES FL 34103	1048 COOPER DRIVE NAPLES FL 34103

FILED Apr 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
1048 COOPER DRIVE 1048 COOPER DRIVE					
NAPLES FL 34	1103	NAPLES FL 34103			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					09/29/1997
	ace of Business	2s. Mailing Address			4. FEI Number Applied For
21	1 26				59 - 3470880 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional	
27				Fee Hequired	
City & State City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23			28		Trust Fund Contribution
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Cur	rent Registered Agent		r	10. Name and Address of New Registered Agent
JOI	NE\$, ROBERT		81	Name	
104	8 COOPER DRIVE		82	Street A	ddress (P.O. Box Number is Not Acceptable)
	PLES FL 34103		Ĺ		,
			83		
				City	No. 7:0 0-1-
			84	City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0	502 and 607,1508, Florida Statu	utes, the above	e-named c	orporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the Standard in t	ate of Florida. Such change was	authorized by	v the corpo	oration's board of directors. I hereby accept the appointment as registered
agent. Far	m temiliar with, and accept the eo	ilgations of, Section 607.0505, F	Torida Statutes	S.	
SIGNATURE	Signature typed or printed name of registered	agent and title d projectable (NG	TE: Booistored And	ant signature re	equired when reinstating) DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		DELETE	1.1 TOLE	[]	P/- Change X Addition
NAME			1.2 NAME		ROBERT B Jones
STREET ADDRESS			1.3 STREET ADDRESS		1048 Cooper DRIVE
			1.4 CITY-5		Nades P1 84103
CITY-ST-ZIP TITLE		☐ DELETE	2.1 TITLE		VP/3 Change X Addition
·		- Decemb	2.2 NAME		Domesia K clones
NAME					1048 Cooper Drive
STREET ADDRESS			2.3 STREET		1040 Cooper Deloc
CITY-ST-ZIP		DELETE	2. 4 CITY-	ST-ZIP	Noples 17 34103 Change Addition
TITLE			3.1 TITLE		Change Addition
NAME			3.2 NAME	•	
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4. CITY-1	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Ī	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY - 9	ST-ZIP	رخيش رمسون وينتسو راميس منتجر اورا والمناور والمناح والمناح والمناح والمناح والمناح والمناح والمناح
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		-U4/22/98U1U <i>C</i> bU25
STREET ADDRESS			5.3 STREET	ADDRESS	***150.00
CITY-ST-ZIP			5.4 CITY - S		
TITLE		☐ DELETE	6.1 TITLE	,, '6'	☐ Change ☐ Addition
			6.2 NAME	-	Change Addition
NAME				ADORESE	nc 1120
STREET ADDRESS			6.3 STREET	· ·	W 91'
CITY-ST-ZIP			6.4 CITY - 9	T-ZIP	

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 changes, or an an attachment with an address.