


**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90021 049 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000021969</b> 1. Corporation Name <b>CRISTAL TECHNOLOGIES DATA MARKETING SOLUTIONS, I NC.</b>			
Principal Place of Business <b>2604 N UNIVERSITY DRIVE</b> <b>PEMBROKE PINES FL 33024</b>		Mailing Address <b>2604 N UNIVERSITY DRIVE</b> <b>PEMBROKE PINES FL 33024</b>	
2. Principal Place of Business <b>21 2804 N 29 Ave</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 2804 N 29 Ave</b> Suite, Apt. #, etc.	
City & State <b>23 Hollywood FL</b>		City & State <b>28 Hollywood FL</b>	
Zip Country <b>24 33020 25 USA</b>		Zip Country <b>29 33020 30 USA</b>	
9. Name and Address of Current Registered Agent <b>ESPER, GEORGE</b> <b>2604 N UNIVERSITY DRIVE</b> <b>PEMBROKE PINES FL 33024</b>			
10. Name and Address of New Registered Agent 81 Name <b>George Esper</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>16774 NW 14th CT</b> 83 84 City <b>Pembroke Pines</b> <b>FL</b> 85 Zip Code <b>33028</b>			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>ESPER, GEORGE</b> STREET ADDRESS <b>2604 N UNIVERSITY DRIVE</b> CITY-ST-ZIP <b>PEMBROKE PINES FL 33024</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS <b>2804 N 29 Ave</b> 1.4 CITY-ST-ZIP <b>Hollywood, FL 33020</b>	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 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, with all other like empowered.

SIGNATURE:

**RENEWAL REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/6/99**  
 Date

**954-922-7404**  
 Daytime Phone #

CR2E034 (11/98)