

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90004 004 ***150.00

DOCUMENT # P98000084825

1. Entity Name
CRYSTAL AROUND THE WORLD, INC.

Principal Place of Business PLEASANT RIDGE PLACE FL 33549	Mailing Address 18304 PLEASANT RIDGE PLACE LUTZ FL 33549-4486
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3535985	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHANSSON, PETER H		NAME _____	
STREET ADDRESS 18304 PLEASANT RIDGE PLACE		STREET ADDRESS _____	
CITY-ST-ZIP LUTZ FL 33549		CITY-ST-ZIP _____	
TITLE S	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHANSSON, DEBORAH J		NAME _____	
STREET ADDRESS 18304 PLEASANT RIDGE PLACE		STREET ADDRESS _____	
CITY-ST-ZIP LUTZ FL 33549		CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____		NAME _____	
STREET ADDRESS _____		STREET ADDRESS _____	
CITY-ST-ZIP _____		CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____		NAME _____	
STREET ADDRESS _____		STREET ADDRESS _____	
CITY-ST-ZIP _____		CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____		NAME _____	
STREET ADDRESS _____		STREET ADDRESS _____	
CITY-ST-ZIP _____		CITY-ST-ZIP _____	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Date: **2/14/2000** Daytime Phone # _____

CR2E034 (9/99)