PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000085896

1. Corporation Name

CRYSTAL PALACE CONSULTING, INC.

Principal Place	e of Business	Mailing Address						75151 61161 76116 1		
2302 S. MANHATTAN AVESTE.313 2302 S. MANHATTAN AVES			ESTE.313							
TAMPA FL 33629 TAMPA FL 33629						DO NOT WR	ITE IN THIS	SPACE		
		_				3. Date Incorporated or Qualifed		7 OI AOL		
						10/05/1998				
2 Principal D	lace of Business	2a. Mailing Address				4. FEI Number		Ann	lied For	
	lace of business	26				EIN 59-3557213	3	· · ·	Applicable	
21 Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.75 A		
22	-	27				5. Certifcate of Status Desired		Fee Red		
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added to		
Zip	Country	Zip	Cou	intry		8. This corporation owes the cur	rent year In	tangible	ADO	ز
24	25	29	30			Personal Property Tax.		Yes	□Nº goku	20
,	9. Name and Address of Current	Registered Agent				10. Name and Address of New	Registered	Agent	20	6
=110				81	Name				N.	
	CO, DOUGLAS A			82	Street Addre	ess (P.O. Box Number is Not Accept	able)			
	2 S. MANHATTAN AVE.,STE.313									
TAM	PA FL 33629			83						
				84	City			85 Zip C	ode	
				127			FL	_ " " - " -		
					-					
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Stat	utes, the a	bove-	named como	ration submits this statement for the	numose of	changing its	registered	
office or n	egistered agent, or both, in the State of	Florida, Such change was	authorize	d bv ti	named como	ration submits this statement for the n's board of directors. I hereby acce	numose of	changing its reg	registered ristered	
office or n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was	authorize	d bv ti	named como	ration submits this statement for the n's board of directors. I hereby acce	numose of	changing its r intment as reg	egistered istered	•
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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 epipowered 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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

THE NAME OF SIGNING OFFICER OR DIRECTOR

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90057 031 ***150.00