

FILED
Apr 17, 2000 8:00 am
Secretary of State
01-13-2000 90040 013 ***150.00

DOCUMENT # P990000087677

1. Entity Name
CRYSTAL RIVER ENTERPRISES, INC.

Principal Place of Business
**423 NORTHEAST 1ST STREET
POMPANO BEACH FL 33060**

Mailing Address
**423 NORTHEAST 1ST STREET
POMPANO BEACH FL 33060-6201**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number
65-0961979

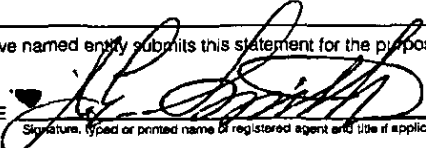
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent
Name **J. E. SMITH**
Street Address (P.O. Box Number is Not Acceptable)
423 NE 1ST STREET
City **POMPANO BEACH** FL Zip Code **33060**

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 
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

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. ☐ **\$5.00 May Be Added to Fees**


11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	SMITH, J E	423 NORTHEAST 1ST STREET	POMPANO BEACH FL 33060	<input type="checkbox"/>
VD	SMITH, LORI	423 NORTHEAST 1ST STREET	POMPANO BEACH FL 33060	<input type="checkbox"/>
STD	PORTER, KATHY	423 NORTHEAST 1ST STREET	POMPANO BEACH FL 33060	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 companies.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE IN THIS SPACE

1-6-2000 (954) 782-5000

Date Daytime Phone #

CR2E034 (9/99)