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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State ,n DIVISION OF CORPORATIONS

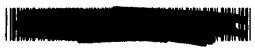
DOCUMENT # S07388

-CRISTAL CHEMICAL CORP.

mighty Tidy Maid Service, Inc. 311

Principal Place of Business

FILED May 15 1997 8:00am Secretary of State



9939 CHERRY H BRADENTON FL US			-6	O BOX 49912- ARASOTA FL 34 S	200-5012	.Box denta	1.	_	4
2. Principal P	race of Busine	SS.	20	2a. Mailing Address					4. FEI Number Applied For
21				26					59-3033506 Not Applicable
Suite, Apt. #, etc.				Suito, Apt. #, etc.					Certificate of Status Desired
Orty & State				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Ζφ 24]	2:	25 29 30				Cour 30	ntry		8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes
	9, Name a	nd Address	of Current Reg	istered Agent					10. Name and Address of New Registered Agent
MILL	S, FREDERIC	ЖJ					81	Name	•
1200 W. PLATT ST. . TAMPA FL 33606							82	Street A	Address (P.O. Box Number is Not Acceptable)
						·	83		
							84	City	FL 85 Zip Code
agent I a SIGNATURE	mî familiar with	, and accept • ponted name of n	the obligations	of, Section 607	.0505, Fk	orida Stati	ates	i	rporation's board of directors. I hereby accept the appointment as registered a required when reinstating) DATE
12.	4	OFFI	CERS AND DIR			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Title	PD			∐ D	ELETE	1.1 刊	LE	1	Change Addition
NAME	MILLER, TIN					1.2 NA	ME		POROX 300140 9939 Cherry Hills AVE.CIR
STREET ADDRESS	P 0 B0X 4					1.3 \$11	REET.	address 🏲	and and the Colored Towns
CITY-ST-ZIP	6ARASOTA	ft.			C. FD.	1.4 CIT	*******	T-ZIP	Brancon Ton , PL 5-1-007 \$534302
TITLE	STD	ATT		[] N	ELETE	2.1 7)7			Change Addition
NAME	MILLER, SC					2.2 NA			O. O. BOY 2021 109939 Cherry #16 AVACI
STREET ADDRESS	PO BOX 4							address 🏲	mandente El august 34202
CITY - ST - ZIP TITLE	SABASOTA	T-L			ELETE	2.4 GI 3.1 TIT		F ZIP	Bradenton, FL 24004 34202
NAME				<u></u>		3.2 NA		•	
STREET ADORESS								ADDRESS	
C(TY-ST-Z)F						3.4. CI		1	
FITLE		***************************************		□ D	ELETE	4.1 TIT			Change Addition
NAME						4. 2 NA	ME		·
STREET ADDRESS						4.3 STI	REET	ADDRESS	
CHY+ST-ZIP			·			4.4 CH	Y - \$1	T-ZIP	
TITLE				□ D	ELETE	5.1 TIT	LE		Change Addition
NAME						5.2 NA	ME		11/1/1/200
STREET ADDRESS						5.3 \$1	REET.	ADDRESS	7//2/15/94
CITY+ST-ZIP						5.4 CIT		T - ZIP	1//////
THLE					ELETE	6.1 111			5000021949D5 LAddition
NAME						6.2 NA			500002194905 -05/29/9701071036
STREET ADDRESS								ADDRESS	***165.00
City-St-ZiP	l action that	La luda un adla	a autombiad wilde	46:1 4:02 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	not such	6.4 CH			stated in Continue 110 07/0VIX Elevido Statutos i furificar acultir that the

I oo nereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.

SIGNATURE: