FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT

19964-196 B 2906 C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S58045** **(3)**

1. Corporation Name

CRYSTRONICS, INC.

Principal Place of Business

2400 E. COMMERCIAL BLVD.
SUITE 630
FT. LAUDERDALE FL 33308
US

Mailing Address

2400 E. COMMERCIAL BLVD.
SUITE 630
FT LAUDERDALE FL 33308
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip 24 Country 25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip 29 Country 30

3. Date Incorporated or Organized: **06/07/1991**

3a. Date of Last Report: **01/26/1995**

4. FEI Number: **65-0268786** Applied For / Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

SADRIWALLA, DEBORAH
4351 NE 22 AVENUE
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.0506, Florida Statutes, the corporation named above 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

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	SADRIWALLA, ABBAS A.	
STREET ADDRESS	4351 NE 22 AVENUE	
CITY, ST, ZIP	FT. LAUDERDALE FL	
TITLE	D	[ ] DELETE
NAME	SADRIWALLA, DEBORAH	
STREET ADDRESS	4351 NE 22 AVENUE	
CITY, ST, ZIP	FT. LAUDERDALE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[ ] Change	[ ] Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
2. TITLE	[ ] Change	[ ] Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
3. TITLE	[ ] Change	[ ] Addition
3. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
4. TITLE	[ ] Change	[ ] Addition
4. NAME		
4. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE	[ ] Change	[ ] Addition
5. NAME		
5. STREET ADDRESS		
5. CITY, ST, ZIP		
6. TITLE	[ ] Change	[ ] Addition
6. NAME		
6. STREET ADDRESS		
6. CITY, ST, ZIP		

14. I do hereby certify that the information supplied herein has been examined by me and is true and correct to the best of my knowledge, information and belief. 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 12 or Block 13 of this report as a current officer or director.

SIGNATURE: Abbas A. Sadriwalla ABBAS A. SADRIWALLA 02-06-96 (954) 776-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)