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PROFIT **CORPORATION** ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # | V33420 |
|---------------------|--------|
| 1. Corporation Name | |

(3)

CRYSTAL CLEAR SERVICE, INC.

| | | | | | | | Ì | | | | |
|---|--|--------------------------|--|------------------------|--|------------------|---|--|------------------------|----------------|------------------------|
| Principal Place of Business Mailing Address | | | | | a linnin delinnä sellen tittet minen tit | (() 60% 610% 610 | 11 91911 9191 | | | | |
| 6130 CLARI UNIT 108 SARASOTA | K CENTER AVENUE FL 34238 | | 6130 CLARK CENTER A UNIT 108 SARASOTA FL 34238 | AVENUI | E | | | | | | |
| US | | | US | | | | 3. Date incorporated or Qualified 05/04/1992 3a. Date of Last Report 05/01/1995 | | | | |
| | ace of Business 2a. Mailing Address | | | | | | | 4. FEI Number 65-0336346 | | | Applied For |
| 21 | II | 26 | L., | | | | | 007000040 | | Not Applicable | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | • | Additional Required |
| City & State | | | City & State | | | | | 6. Election Campaign Financing | | | О Мау Ве |
| 23 | Country | 28 | Zip | Γ | Country | | | Trust Fund Contribution 8. This corporation has liability for | | | d to Fees |
| Zip 24 | Country 25 | 29 | ΣIP | 30 | Journity | , | | | intangibie ta s □No | x under s | 199.032, |
| [24] | g. Name and Address of Curre | | tered Agent | | T | | | 10. Name and Address of New | Registered . | Agent | |
| | | - | | | 81 | N | lame | | | | |
| CIESL | AK, MARTIN L. | | | | 82 | s | treat Address | s (P.O. Box Number is Not Accepta | ble) | • | |
| | CLARK CENTER AVENUE | | | | | | | | , | | |
| UNIT 1 | | | | | 83 | | | | | | |
| SARASOTA FL 34238 | | | 84 | c | Dity | | FI | 85 Z | p Code | | |
| 11. Pursuant | to the provisions of Sections 607.050 | 02 and €0 | 7.1508, Florida Statute | s, the a | above i | nan: | ned corporati | ion submits this statement for the p | urpose of cha | anging its i | registered office |
| or register | to the provisions of Sections 607.050 red agent, or both, in the State of Flor ith, and accept the obligations of, Sec | rida, Such ction 607. | n change was authorize .0505. Florida Statutes. | d by th | ie corp | ora | tion's board | of directors. I hereby accept the ap | pointment as | registered | d agent. I am |
| SIGNATURE | | | | | | | | | | | |
| | Signature, typed or printed name of registered age | | | | | n: sig | rature required w | | DATE | | |
| 12. | OFFICERS AI | ND DIREC | | | 13. | | | ADDITIONS/CHANGES TO OF | | DIRECTO | |
| TITLE | CIESLAK, MARTIN L | | | | 1. 1 TITLE | | | • | L | | [] Modified |
| NAME OZOSSI ADDRESOS | 6130 CLARK CENTER AVE | #108 | 1.2 NAM 1.3 STR | | | r ans | DDCCC | | | | |
| STREET ADDRESS | SARASOTA FL | w .00 | | | | | - | | | | |
| CITY-ST-ZIP TITLE | | | TT DELETE | 1.4 CITY- 2 1 TIBLE | | | | | | Change | ☐ Addition |
| NAME | | | | 2.2 NAME | | | | | | | _ |
| STREET ADDRESS | 8 | | | 2 3 ST | | ICA 1. | DRESS | | | | |
| CITY-ST-ZIP | | | .4 CITY-5 | ST-Z | IP. | | | | | | |
| | | | DELETE. | 3 | . 1 TITLE | | | | | Change | ☐ Addition |
| NAME | | | | 3 | .2 NAME | | | | | | |
| STREET ACCRESS | | | | 3 | 1.3 STREE | et ad | DRESS | | | | |
| CITY-ST-ZIP | | | | .4 CITY - : | | NP | | | Change | FT) Addition | |
| TITLE | | | DELETE | 4. 1 TiTi | | | | | ι | Change | ☐ Addition |
| NAME | | | | | I.2 NAME | | DDI CO | | | | |
| STREET ADDRESS | | | | | I.3 STREE | | E . | | | | |
| CITY-ST-ZIP TITLE | | | [] DELETE | | I.4 CITY - : 5-1 TITLE | | ir | | <u>ı</u> | Change | Addition |
| NAME | | | | | 2 NAME | | | | ' | | |
| STREET ADDRESS | | | | | 3.3 STREE | | DRESS | | | | |
| CITY-ST-ZIP | | | | - | 5.4 CITY- | | | | | | |

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 12 or Block 13 if chapted, or on an attachment with an address.

6. 1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

MARTIN L. CIESLAK

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Addition

CR2E034 (12/95)