

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janet B. Martinez
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

05 MAY - 1 PM 11:30

DOCUMENT # V35689

(1)

CRYSTAL RIVER MOUNTAINEERS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7655 W GULF TO LAKE HWY
SUITE 14
CRYSTAL RIVER FL 32629

7655 W GULF TO LAKE HWY
SUITE 14
CRYSTAL RIVER FL 32629

DO NOT WRITE IN THIS SPACE

2. Officer (Print Name)	26. Making Agent	3. Date of Report (Month/Day/Year)	3a. Date of Report
21. Officer (Print Name)	26. Making Agent	05/07/1992	05/01/1994
22. Officer (Print Name)	27. Making Agent	4. Filing Number	Applied Fee
23. Officer (Print Name)	28. Making Agent	59-3124368	Not Applicable
24. Officer (Print Name)	29. Making Agent	5. Date of Status Change	\$8.75 Additional Fee Required
25. Officer (Print Name)	30. Making Agent	6. Director Company Filing Fee	\$5.00 May Be Added to Fees
26. Officer (Print Name)	31. Making Agent	7. This corporation has liability for information under 240.01	Florida Statutes
27. Officer (Print Name)	32. Making Agent	8. This corporation has liability for information under 240.01	Florida Statutes

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
EYSTER, JAMES P. 7655 W GULF TO LAKE HWY SUITE 14 CRYSTAL RIVER FL 32629	<table border="1"> <tr> <td>81. Name</td> <td></td> </tr> <tr> <td>82. Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83. City</td> <td></td> </tr> <tr> <td>84. State</td> <td>FL</td> </tr> <tr> <td>85. Zip</td> <td>34469</td> </tr> </table>	81. Name		82. Street Address (P.O. Box Number is Not Acceptable)		83. City		84. State	FL	85. Zip	34469
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82. Street Address (P.O. Box Number is Not Acceptable)											
83. City											
84. State	FL										
85. Zip	34469										

11. I, the undersigned, being duly sworn, depose and say that I am the duly authorized officer of the above named corporation, and I hereby certify that the foregoing information is true and correct to the best of my knowledge and belief. I am a resident of the State of Florida, and I am duly qualified to execute this certificate. I am a resident of the State of Florida, and I am duly qualified to execute this certificate.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ALTERNATE OFFICERS AND DIRECTORS
NAME EYSTER, JAMES P. 7655 W GULF TO LAKE HWY 14 CRYSTAL RIVER FL	NAME EYSTER, JAMES P. 7655 W GULF TO LAKE HWY 14 CRYSTAL RIVER FL
NAME EYSTER, JAMES P. 7655 W GULF TO LAKE HWY 14 CRYSTAL RIVER FL	NAME EYSTER, JAMES P. 7655 W GULF TO LAKE HWY 14 CRYSTAL RIVER FL
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NAME EYSTER, JAMES P. 7655 W GULF TO LAKE HWY 14 CRYSTAL RIVER FL	NAME EYSTER, JAMES P. 7655 W GULF TO LAKE HWY 14 CRYSTAL RIVER FL

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Florida Statutes 240.01. I am a resident of the State of Florida, and I am duly qualified to execute this certificate. I am a resident of the State of Florida, and I am duly qualified to execute this certificate.

SIGNATURE: *X James P. Eyster* (JAMES P. EYSTER) 4-28-95 904-795-6089