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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V35689**

1. Corporation Name

Principal Place of Business

CRYSTAL RIVER MOUNTAINEERS, INC.

SUITE 14 CRYSTAL RIVEI US	TO LAKE HWY R FL 34429	7655 W GULF TO LAKE HWY SUITE 14 CRYSTAL RIVER FL 34429 US			3. Date incorporated or Qual	WRITE IN THIS S	PACE	
2. Principal P	lace of Business	. 2a. Mailing Address			4. FEI Number		\top	Applied For
21	•	26			59-3124368			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	5 Additional
22		27			5. Certifcate of Status Desire	d 🗌	Fee	Required
City & Stat	е	City & State			6. Election Campaign Finance	ina —	\$5.0	0 May Be
23	المستندد د د دواده	28			Trust Fund Contribution	D + -		d to Fees
Zip	Country	Zip	Country		8. This corporation owes the	current year Intar	ngible	
24	25	29 30	. i		Personal Property Tax.		∐Yes	□No
<u> </u>	9. Name and Address of Current		,		10. Name and Address of N	ew Registered A	gent	
	,		81	Nam	e			
EYS'	TER, JAMES P.							
7655 W GULF TO LAKE HWY		82 Street A		t Address (P.O. Box Number is Not Acc	ceptable)			
	E 14		83	ļ				
	STAL RIVER FL 34429		"					
0111	OWE WILLIAM OF THE		84	City		FL	85 Zi	ip Code
							<u> </u>	ita sagistarad
11. Pursuant office or r agent. I a	to the provisions of Sections 607,0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607.1508, Florida Statutes, f Florida. Such change was autho ons of, Section 607.0505, Florida	orized by Statutes	the cor	d corporation submits this statement for poration's board of directors. I hereby a	ccept the appoint	ment as	registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Rec	gistered Agen	nt signatur	e required when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO	OFFICERS AND	DIREC	TORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE				Chang	je 🗌 Addition
TITLE	D FYSTER JAMES P	☐ DELETE	1.1 TITLE 1.2 NAME				Chang	je Addition
NAME	EYSTER, JAMES P.	☐ DELETE	1.2 NAME	T ADDRES	s		Chang	je 🗌 Addition
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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 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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90075 034 ***150.00