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

PROFIT CORPORATION **ANNUAL REPORT 19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

V61983

(5)

CLEAR AS CRYSTAL, INC.

FILED May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						T (MB) (MINO MINO I INDI (MINO MINO III) WIND HIN	1884 WIDI	D(D() B(D)) (DD)
1209 CHEYER			1209 CHEYENE DRIVE					
INDIAN HARBOR BEACH FL 32937		INDIAN HARBOR	INDIAN HARBOR BEACH FL 32937			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						09/04/1992		
2. Principal P	ace of Business	2a. Mailing Addres	is			4. FEI Number		Applied For
21		26	26			59-3150320		Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, et	Suite, Apt #, etc.			5. Certificate of Status Desired		5 Additional
22		27	<u> </u>			5. Certificate of Status Desireo	Fee	Required
City & State	•	City & State	City & State			6. Election Campaign Financing		00 May Be
23		28				Trust Fund Contribution	Add	ed to Fees
Z ip	Country	Zip	Country			8. This corporation owes or has paid the curre		
24	25	29	30	1		Personal Property Tax due June 30. 10. Name and Address of New Registered A	Yes	☑ No
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registered A	Reur	
	ICKABEE, RICHARD H			"	Name			
1209 CHEYENE DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)				
INI	XAN HARBOR BEACH FL 3293	7		83				
				03				İ
				84	City		85 2	ip Code
				ļl		FL.		
office or r	egistered agent, or both, in the State	e of Florida. Such change	e was authorize	d by	the corpor	proporation submits this statement for the purpose of cration's board of directors. I hereby accept the appo	mangir intment	as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed trame of requirered ag		alou Been	- d d d d		guired when reinstating) DATE		
12.		ND DIRECTORS	13.	u Ago	ni eignature red	ADDITIONS/CHANGES TO OFFICERS AND	DIREC1	IORS IN 12
TITLE	D		DELETE 1.1 TO		T	133111010,01111101011011111111111111111	Chan	
NAME			1.2 N]
STREET ADDRESS	1013 BUTTONWOOD				ADDRESS			
CITY-ST-ZIP	BAREFOOT BAY FL			1.4 CITY - ST - ZIP				
TITLE	DELETE 2.1			,		Chan	ge Addition	
NAME			2.2 N	AME				
STREET ADDRESS	ARAB DI PETOLOGO			2.3 STREET ADDRESS				
CITY-ST-ZIP	BAREFOOT BAY FL		2. 4 CITY-ST-ZIP					
TITLE							Chan	ge Addition
NAME	HUCKABEE, RICHARD H		3.2 N	AME				
STREET ADDRESS	1209 CHEYENE DRIVE		3.3 S	TREET	ADDRESS			
CITY-ST-ZIP	INDIAN HARBOR BEACH FL	. 32937	3 4. (OITY-9	ST - 21P			į
TITLE		DELE					Chan	ge Addition
NAME			4.21	MAME				
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP			4.4 C	IIY-S	T-ZIP			
TITLE		DELE	TE 511	ITLE			Chan	ge 🔲 Addition
NAME			5.2 N	IAME				
STREET ADDRESS			535	TREET	ADDRESS			
CITY-ST-ZIP			5.40	ITY-S	1 - ZIP			
TITLE		DELE			-		Chan	ge 🔲 Addition
NAME	. 4.		62 N	IAME	}			
STREET ADDRESS	•				ADDRESS			
CITY-ST-ZIP				ITY-S				ļ
0111.01.00			0.40	,		The state of the s	20	At the second second

14. Thereby 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 concoration or the receiver of 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 sharlyed or or an attached the with an address.