

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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # ✓ 70374
1. Corporation Name
CRYSTAL LAKES INVESTORS
CORP.

Principal Place of Business
201 E. DAVIS BLVA.
TAMPA, FL
Mailing Address
33606

2. Principal Place of Business 21 <u>201 E. DAVIS BLVA</u> Suite, Apt. #, etc. 22 <u>TAMPA, FL</u> City & State 23 Zip 24 <u>33606</u>	2a. Mailing Address 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 <u>HILLSBOROUGH</u>
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3. Date Incorporated or Qualified <u>Nov. 1993</u>	3a. Date of Last Report <u>1996</u>
4. FEI Number <u>59-3153486</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name <u>CLIFTON A. LIVINGSTON</u>
82 Street Address (P.O. Box Number is Not Acceptable) <u>201 E. DAVIS BLVA</u>
83
84 City <u>TAMPA</u>
85 Zip Code <u>FL 33606</u>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 [Signature] DATE 4/29/97
Signature of person in charge of corporation or registered agent and is not applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <u>DIR/PRES/SEC.</u>	<input type="checkbox"/> DELETE
NAME <u>CLIFTON A. LIVINGSTON</u>	
STREET ADDRESS <u>201 E. DAVIS BLVA</u>	
CITY-ST-ZIP <u>TAMPA, FL. 33606</u>	
TITLE <u></u>	<input type="checkbox"/> DELETE
NAME <u></u>	
STREET ADDRESS <u></u>	
CITY-ST-ZIP <u></u>	
TITLE <u></u>	<input type="checkbox"/> DELETE
NAME <u></u>	
STREET ADDRESS <u></u>	
CITY-ST-ZIP <u></u>	
TITLE <u></u>	<input type="checkbox"/> DELETE
NAME <u></u>	
STREET ADDRESS <u></u>	
CITY-ST-ZIP <u></u>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <u></u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 NAME <u></u>	
1.3 STREET ADDRESS <u></u>	
1.4 CITY-ST-ZIP <u></u>	
2.2 TITLE <u></u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <u></u>	
2.3 STREET ADDRESS <u></u>	
2.4 CITY-ST-ZIP <u></u>	
3.1 TITLE <u></u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <u></u>	
3.3 STREET ADDRESS <u></u>	
3.4 CITY-ST-ZIP <u></u>	
4.1 TITLE <u></u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <u></u>	
4.3 STREET ADDRESS <u></u>	
4.4 CITY-ST-ZIP <u></u>	
5.1 TITLE <u></u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <u></u>	
5.3 STREET ADDRESS <u></u>	
5.4 CITY-ST-ZIP <u></u>	
6.1 TITLE <u></u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <u></u>	
6.3 STREET ADDRESS <u></u>	
6.4 CITY-ST-ZIP <u></u>	

14. I do hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address.

SIGNATURE: [Signature] President, 4/29/97 (813) 254-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)