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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CROWN LAND AND DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address				
10400 GRIFFIN ROAD. SUITE 210 COOPER CITY FL 33328 10400 GRIFFIN ROAD. SUITE 210 COOPER CITY FL 33328		DO NOT WRITE IN THIS SPACE			
		 Date Incorporated or Qualified 12/30/1974 			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied Fo		
21	26	59-1563534	Not Applic		

Suite, Apt. #, etc Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. ☐ No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WILLIAMSON, ROBERT T 10400 GRIFFIN ROAD #210 Street Address (P.O. Box Number is Not Acceptable) COOPER CITY, FLA 33328

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.

City

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: R	egistered Agent signature requ	uired when reinstating) DA	TE	
12.	OFFICERS AND DIRECTORS	1	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change	Addition
NAME	WILLIAMSON, ROBERT T	:	1.2 NAME			
STREET ADDRESS	10400 GRIFFIN ROAD #210		1.3 STREET ADDRESS			
CITY - ST - ZIP	COOPER CITY, FL 33328		1.4 CITY - ST - ZIP			
TITLE		DELETE	2.1 TITLE		☐ Change	Addition
NAME			22 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY - ST - ZIP			2. 4 CITY - ST - ZIP			
TITLE		DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME	•		
STREET ADDRESS			3 3 STREET ADDRESS			
CHTY-ST-ZIP	i '		3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

14. 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

SIGNATURE

CITY-ST-ZIP

FILED

Apr 16 1998 8:00am

Secretary of State

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Zip Code

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