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FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 831987 (3)
1. Corporation Name
CROWN DIVERSIFIED INDUSTRIES CORP.



Principal Place of Business: 800 LOCK ROAD, P.O. BOX 1167, DEERFIELD BCH FL 33442-3801
Mailing Address: 1065 EXECUTIVE PARKWAY, SUITE 300, ST. LOUIS MO 63141 US

3. Date Incorporated or Qualified: 03/15/1974
3a. Date of Last Report: 05/01/1996
4. FEI Number: 43-0956288
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: SCOTT, J.H., 300 LOCK ROAD, DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: PT	<input type="checkbox"/> DELETE
NAME: SCOTT, JOE H., SR.	
STREET ADDRESS: 300 LOCK ROAD	
CITY-ST-ZIP: DEERFIELD BCH FL	
TITLE: S	<input type="checkbox"/> DELETE
NAME: SCOTT, LORETTA	
STREET ADDRESS: 300 LOCK ROAD	
CITY-ST-ZIP: DEERFIELD BCH FL	
TITLE: V	<input type="checkbox"/> DELETE
NAME: SCOTT, JOE H.	
STREET ADDRESS: 300 LOCK ROAD	
CITY-ST-ZIP: DEERFIELD BCH FL	
TITLE: <input type="checkbox"/> DELETE	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: _____ 4-16-97 (314) 542-0105

CR2E034 (9/96)