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

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90135 039 ***150.00

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1. Corporation Name

Principal Place of Business

CROWN DIVERSIFIED INDUSTRIES CORP.

| P.O. BOX 1167 DEERFIELD BCH FL 33442-3801 | | 1065 EXECUTIVE PARKWAY SUITE 300 ST. LOUIS MO 63141 US | SUITE 300 ST. LOUIS MO 63141 | | DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 03/15/1974 | | | | |
|--|---|---|---------------------------------|---|---|--------------|----------|-------------------------|--|
| 2. Principal P | Place of Business | 2a. Mailing Address | | | 4. FEI Number | | \sqcup | Applied For | |
| 21 | | 26 | | | 43-0956288 | | 60 7 | Not Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | <u> </u> | 5. Certifcate of Status Desired | | + | 5 Additional Required | |
| City & Star | te | City & State | | | Election Campaign Financing Trust Fund Contribution | | | 00 May Be ed to Fees | |
| Zip 24 | Country 25 | Zip (29) 30 | Country | | This corporation owes the curr Personal Property Tax. | | ☐ Yes | □No | |
| | 9. Name and Address of Currer | nt Registered Agent | | r | 10. Name and Address of New F | Registered A | gent | | |
| 000 | NTT IU | | 81 | Name | | | | | |
| 300 | ITT, J.H. LOCK ROAD | 82 | Street Add | Address (P.O. Box Number is Not Acceptable) | | | | | |
| DEE | RFIELD BEACH FL 33441 | | 83 | | | | | | |
| | | | 84 | City | | FL | 85 Z | ip Code | |
| office or i agent. I a SIGNATURE | am familiar with, and accept the obliga | ations of, Section 607.0505, Florida S | tatutes | i. | ion's board of directors. I hereby accepted when reinstating) | DATE | | | |
| 12. | OFFICERS AN | ND DIRECTORS | 3. | | ADDITIONS/CHANGES TO OF | | | | |
| TITLE | PT | ☐ DELETE 1 | 1 TITLE | | | | Chan | ge Addition | |
| NAME | SCOTT, JOE H., SR. | 1 | 2 NAME | | | | | | |
| STREET ADDRESS | I | | | TADDRESS | | | | | |
| CITY-ST-ZIP | DEERFIELD BCH FL | | 4 CITY-S | T-ZIP | | | ☐ Chan | an Li Vaddition | |
| TITLE | S COTT LODETTA | | 1 TITLE | | | | □ cuan | ge 🗌 Addition | |
| NAME | SCOTT, LORETTA | | 2 NAME | - +noncoo | | | | | |
| STREET ADDRESS | 1 | | | TADDRESS | | - | | | |
| CITY-ST-ZIP | DEERFIELD BCH FL | | 4 CITY-S | SI-ZIP | - 48-11 | | Chan | ge Addition | |
| TITLE NAME | SCOTT, JOE H. | | 2 NAME | | | | | | |
| STREET ADDRESS | DOO LOCK DOAD | | | TADORESS | | | | | |
| CITY-ST-ZIP | DEERFIELD BCH FL | | 4. CITY-5 | | | | | | |
| TITLE | | | 1 TITLE | | | | Chan | ge | |
| NAME | | 4 | 2 NAME | | | | | | |
| STREET ADDRESS | | 4 | 3 STREE | TADDRESS | | | | | |
| CITY-ST-ZIP | | | 4 CITY-S | T-ZIP | | | | | |
| TITLE | | | 1 TITLE | | | | ☐ Chan | ge | |
| NAME | • | | 2 NAME | | | | | | |
| STREET ADDRESS | | | | TADDRESS | | | | | |
| CITY-ST-ZIP | | | 4 CITY-S | T-ZIP | | | Chan | ge Maddition | |
| TITLE | { | | | | | | Chan | ge ∐ ∧udition | |
| NAME | | | 2 NAME | T 4 D D D C C C | | | | | |
| STREET ADDRESS | sl | 6 | 3 STREE | T 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

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