

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P93000051898 (3)**

1. Corporation Name  
**CROWN CARE, INC.**



Principal Place of Business: **9132 SEMINOLE BLVD. SEMINOLE FL 34642 US**  
Mailing Address: **6924 122ND WAY NORTH SEMINOLE FL 34642**

2. Principal Place of Business:  
21 State Apt #, etc.  
22 City & State  
23 Zip Country  
24  
25  
2a. Mailing Address:  
26 State Apt #, etc.  
27 City & State  
28 Zip Country  
29 30

3. Date Incorporated or Qualified: **07/23/1993**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-3205805** Applied For Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election to pay franchise tax:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**BROWNING, PETER C  
6924 122ND WAY NORTH  
SEMINOLE FL 34642**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.09(2) and 607.10(8), 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 have accepted the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.10(8), Florida Statutes.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWNING, PETER C</b>	
STREET ADDRESS	<b>6924 122ND WAY NORTH</b>	
CITY, ST, ZIP	<b>SEMINOLE FL 34642</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWNING, ELIZABETH H</b>	
STREET ADDRESS	<b>6924 122ND WAY NORTH</b>	
CITY, ST, ZIP	<b>SEMINOLE FL 34642</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12:

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplement thereto is true and correct to the best of my knowledge 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 person 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.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**PETER C. BROWNING**

3 21-96 813-397-3776  
Filing Fee Telephone

CR2E034 (12/95)