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02-23-1999 90011 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000079155**

1. Corporation Name
CROWN CUSTOM HOMES, INC.

Principal Place of Business	Mailing Address
871 102ND AVE. N. SUITE #102 NAPLES FL 34108	871 102ND AVE. N. SUITE #102 NAPLES FL 34108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 11/03/1993

4. FEI Number: 65-0450710 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3590 TAMIAMI TRAIL N	26 3590 TAMIAMI TRAIL N
Suite, Apt. #, etc. 22 #100	Suite, Apt. #, etc. 27 #100
City & State 23 NAPLES, FL	City & State 28 NAPLES, FL
Zip 24 34103 Country 25 COLLIER	Zip 29 34103 Country 30 COLLIER

9. Name and Address of Current Registered Agent

CASTANO, H. JAVIER
610 31ST STREET SW
NAPLES FL 34117

10. Name and Address of New Registered Agent

81 Name: CASTANO, H. JAVIER
82 Street Address (P.O. Box Number is Not Acceptable): 6017 PINE RIDGE RD #235
83
84 City: NAPLES FL 85 Zip Code: 34119

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: Sherry L Castano DATE: 1/4/99
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	(P)	☑ Change ☐ Addition
NAME	CASTANO, H. JAVIER		1.2 NAME	CASTAÑO	
STREET ADDRESS	610 31ST STREET SW		1.3 STREET ADDRESS	6017 Pine Ridge Rd #235	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Naples FL 34119-3956	
TITLE	VP	☐ DELETE	2.1 TITLE	(VP)	☑ Change ☐ Addition
NAME	CASTANO, SHERRY L		2.2 NAME	CASTAÑO	
STREET ADDRESS	610 31ST STREET SW		2.3 STREET ADDRESS	6017 Pine Ridge Rd #235	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Naples FL 34119-3956	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			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			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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.

SIGNATURE: Sherry L Castano — 1/4/99 — 941 262 5030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #