

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000014729 (3)

1. Corporation Name
CROWN REALTY, INC.



Principal Place of Business

1750 S YOUNG CIR
SUITE 204
HOLLYWOOD FL 33020

Mailing Address

1750 S YOUNG CIR
SUITE 204
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1996

4. FEI Number

65-0643109

Applied For

Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 120 E. OAKLAND BLVD

Suite, Apt. #, etc.

22 # 105P.

City & State

23 FORT LAUDERDALE

Zip

24 33334

Country

25 BROWARD

2a. Mailing Address

26 2145 PIERCE ST.

Suite, Apt. #, etc.

27 # 421

City & State

28 HOLLYWOOD FL.

Zip

29 33020

Country

30 BROWARD

9. Name and Address of Current Registered Agent

~~PICCONI, GUIDO~~
~~1750 S YOUNG CIR~~
~~SUITE 204~~
~~HOLLYWOOD FL 33020~~

GUIDO PICCONI
2145 PIERCE ST.

10. Name and Address of New Registered Agent

81 Name

GUIDO PICCONI

82 Street Address (P.O. Box Number is Not Acceptable)

2145 PIERCE ST. # 421

83

HOLLYWOOD FL.

84 City

FL

85 Zip Code

33020

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PICCONI, GUIDO
STREET ADDRESS 1750 S YOUNG CIR SUITE 204
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D PICCONI GUIDO ☒ Change ☐ Addition

1.2 NAME 2145 PIERCE ST. # 421

1.3 STREET ADDRESS HOLLYWOOD FL. 33020

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

CR2E034 (10/97)