

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 303135 (8)**

1. Corporation Name  
**CROWN LIFE ASSOCIATES, INC.**



Principal Place of Business

Mailing Address

**CROWN, MELODY-DAVIS  
10155 COLLINS AVE #1702  
BAL HARBOUR FL 33154**

**CROWN, MELODY-DAVIS  
10155 COLLINS AVE #1702  
BAL HARBOUR FL 33154**

3. Date Incorporated or Qualified <b>03/22/1966</b>	3a. Date of Last Report <b>04/28/1995</b>
4. FEI Number <b>59-1114031</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CROWN, SIDNEY  
10155 COLLINS AVE #1702  
BAL HARBOUR FL 33154**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0305, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: If signed Agent's signature required when reinstating) DATE: \_\_\_\_\_

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>CROWN, SIDNEY</b>	1.2 NAME
STREET ADDRESS: <b>10155 COLLINS AVE 1702</b>	1.3 STREET ADDRESS
CITY-ST-ZIP: <b>BAL HARBOUR FL</b>	1.4 CITY-ST-ZIP
TITLE: <b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>DAVIS, MELODY CROWN</b>	2.2 NAME
STREET ADDRESS: <b>3380 N. 41ST CT.</b>	2.3 STREET ADDRESS
CITY-ST-ZIP: <b>HOLLYWOOD FL</b>	2.4 CITY-ST-ZIP
TITLE: <b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>CROWN, MARTHA</b>	3.2 NAME
STREET ADDRESS: <b>10155 COLLINS AVE 1702</b>	3.3 STREET ADDRESS
CITY-ST-ZIP: <b>BAL HARBOUR FL</b>	3.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	4.2 NAME
STREET ADDRESS:	4.3 STREET ADDRESS
CITY-ST-ZIP:	4.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	5.2 NAME
STREET ADDRESS:	5.3 STREET ADDRESS
CITY-ST-ZIP:	5.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	6.2 NAME
STREET ADDRESS:	6.3 STREET ADDRESS
CITY-ST-ZIP:	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sidney Crown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/96  
Date

861-7361  
Telephone No.

CR2E034 (12/95)