

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **342648** (3)

1. Corporation Name

CROWN DEVELOPMENT OF FLORIDA CORP.

Principal Place of Business

**1655 DREXEL AVENUE, SUITE 208
MIAMI BEACH FL 33139**

Mailing Address

**1655 DREXEL AVENUE, SUITE 208
MIAMI BEACH FL 33139**



3. Date Incorporated or Qualified

03/07/1969

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 **7235 CORAL WAY**

26 **7235 CORAL WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **206**

27 **206**

City & State

City & State

23 **MIAMI FL**

28 **MIAMI FL**

Zip

Country

Zip

Country

24 **33135**

25

29 **33135**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEISLER, SALOMON
1655 DREXEL AVE., SUITE 208
MIAMI BEACH FL**

81 Name

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

83

84 City

FL

85 Zip Code

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, if applicable

Printed Name of Agent Submitting Report (When not applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
HEISLER, SALOMON
1655 DREXEL AVE.
MIAMI BEACH FL**

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SD
HEISLER, STEVEN
1655 DREXEL AVE.
MIAMI BEACH FL**

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
FLINT, ILEANA
1655 DREXEL AVENUE
MIAMI BEACH FL**

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
HEISLER, HARRY
1655 DREXEL AVE
MIAMI BEACH FL**

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 19.07(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:

S. Heisler president
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

Division of Corporations

CR2E034 (12/95)