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

Block 12 or Block 13 if changed, or on an attachment with an address.

PROFIT

Jun 12 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3) CROWN DEVELOPMENT OF FLORIDA CORP. Principal Place of Business Mailing Address 7235 CORAL WAY 7235 CORAL WAY SUITE 305 ZOY SUITE 206-DO NOT WRITE IN THIS SPACE MIAMI FL 33155 MIAMI FL 33155 3. Date Incorporated or Qualified 03/07/1969 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-1266781 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 204 5. Certificate of Status Desired SUITE SUITE Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Zip Country Ζip Country 8. This corporation owes or has paid the current year Inlangible 24 25 29 Personal Property Tax due June 30 Yes Yes ☐ No 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 * HEISLER, SALOMON 1725 N.E. 170TH ST Street Address (P.O. Box Number is Not Acceptable) 82 N. MIAMI BEACH FL 33162 83 84 Zip Code 11. Pursuant to the provisions of Sections 697.0502 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change DILETE Addition TITLE HEISLER, SALOMON CR2E034 NAME 1.2 NAME 1725 N.E. 170TH STREET STREET ADDRESS 1.3 STREET ADDRESS N. MIAMI BEACH FL CITY-ST-ZIP 1.4 C(TY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME HEISLER, STEVEN 2 2 NAME STREET ADDRESS 4800 S. WESTSHORE BLVD., #725 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2 4 CHY-SI-ZIP DELLIE Addition Change TITLE 3.1 TITLE NAME FLINT. ILEANA 3.2 NAME 1655 DREXEL AVENUE STREET ADDRESS 3 3 STREET ADDRESS MIAMI BEACH FL CITY - ST - ZIP 3 4. CITY - ST - ZIP □ DELETE Addition TIFLE 4.1 TITLE HEISLER, HARRY 4 2 NAME NAME 9561 FOUNTAINEBLEAU BLVD., #602 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE Change Addition TITLE 5.1 THLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 000002555250 6.2 NAME NAME -06/15/98---01028---**007** 6.3 STREET ADDRESS STREET ADDRESS ***150.00 CITY-ST-ZIP 14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

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SALOMON HEISLER 4/27/9x 345,275 4207

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