

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90104 008 \*\*\*150.00

**DOCUMENT # 342648**

1. Corporation Name  
**CROWN DEVELOPMENT OF FLORIDA CORP.**



Principal Place of Business

7235 CORAL WAY  
SUITE 204  
MIAMI FL 33155  
US

Mailing Address

7235 CORAL WAY  
SUITE 204  
MIAMI FL 33155  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1969

4. FEI Number

59-1266781

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

Trust Fund Contribution

Personal Property Tax.

☒ Yes ☐ 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

24 Country

29 Country

25

30

9. Name and Address of Current Registered Agent

HEISLER, SALOMON  
1725 N.E. 170TH ST  
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HEISLER, SALOMON  
STREET ADDRESS 1725 N.E. 170TH STREET  
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE SD ☐ DELETE

NAME HEISLER, STEVEN

STREET ADDRESS [REDACTED]  
CITY-ST-ZIP [REDACTED]

TITLE [REDACTED] ☐ DELETE

NAME [REDACTED]  
STREET ADDRESS [REDACTED]  
CITY-ST-ZIP [REDACTED]

TITLE VP ☐ DELETE

NAME HEISLER, HARRY

STREET ADDRESS [REDACTED]  
CITY-ST-ZIP [REDACTED]

TITLE [REDACTED] ☐ DELETE

NAME [REDACTED]  
STREET ADDRESS [REDACTED]  
CITY-ST-ZIP [REDACTED]

TITLE [REDACTED] ☐ DELETE

NAME [REDACTED]  
STREET ADDRESS [REDACTED]  
CITY-ST-ZIP [REDACTED]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE SD ☒ Change ☐ Addition

2.2 NAME HEISLER, STEVEN

2.3 STREET ADDRESS 4711 SOUTH HIMES AVE. APT. 1909

2.4 CITY-ST-ZIP TAMPA, FL., 33611

3.1 TITLE T ☒ Change ☐ Addition

3.2 NAME HEISLER FLINT, ILEANA

3.3 STREET ADDRESS 2000 TOWERSIDE TERR. APT. 401

3.4 CITY-ST-ZIP MIAMI, FL., 33138

4.1 TITLE VP ☒ Change ☐ Addition

4.2 NAME HEISLER, HARRY

4.3 STREET ADDRESS 9032 BYRON AVE.

4.4 CITY-ST-ZIP SURFSIDE, FL., 33154

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/99

Date

(305) 261-5610

Daytime Phone #

CR2E034 (11/98)