


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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 521054 (7) 1. Corporation Name CROWN FLOORING & CONSTRUCTION CORP.		



Principal Place of Business 2608 S E 21ST ST FT LAUDERDALE FL 33316 US	Mailing Address 2608 S E 21ST ST FT LAUDERDALE FL 33316-3202 US
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2. Principal Place of Business 21 2608 S.E. 21 Street Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale, Fl. Zip 24 33316 Country 25 Broward		2a. Mailing Address 26 2608 S.E. 21 Street Suite, Apt. #, etc. 27 City & State 28 Ft. Lauderdale, Fl. Zip 29 33316 Country 30 Broward		3. Date Incorporated or Qualified 12/28/1976	3a. Date of Last Report 05/14/1996
		4. FEI Number 59-1717018		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent LOVELL, R O 2608 S E 21ST STREET FT LAUDERDALE FL 33316				10. Name and Address of New Registered Agent 81 Name Lovell, R.O. 82 Street Address (P.O. Box Number is Not Acceptable) 2608 S.E. 21 Street 83 84 City Ft. Lauderdale, FL 85 Zip Code 33316	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELL, HAROLD B	1.2 NAME	Lovell, Harold B.
STREET ADDRESS	7545 WEST 20TH AVE	1.3 STREET ADDRESS	2608 S.E. 21 Street
CITY-ST-ZIP	HIALEAH, FL 00000	1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33316
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELL, WILLIAM	2.2 NAME	
STREET ADDRESS	7545 WEST 20TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE:

Harold B. Lovell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold B. Lovell 4.21.97 - 954-467-8900

Date

Daytime Phone #

0278009

CR2E034 (9/96)