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

PROFIT -CORPORATION ANNUAL REPORT

1998

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 521054

(7)

City & State

CROWN FLOORING & CONSTRUCTION CORP.

Principal Place of Business	Mailing Address
2606 SE 21ST ST FT LAUDERDALE FL 33316 US	2608 S E 21ST ST FT LAUDERDALE FL 33316 US
2. Principal Place of Business	2a. Mailing Address
Suita Ant # atc	Suito Apt # ota

## FILED Feb 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/28/19764. FEI Number

59-1717018

5. Certificate of Status Desired

6. Election Campaign Financing

Zip Country 2p Sountry	le aistered		
9. Name and Address of Current Registered Agent LOVELL, R. O. 2608 SE 21ST ST FT LAUDERDALE FL 33316  10. Name and Address of New Registered Agent Name  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City	e aistered		
LOVELL, R. O.  2608 SE 21ST ST  FT LAUDERDALE FL 33316  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City	gistered		
2608 SE 21ST ST FT LAUDERDALE FL 33316  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City	gistered		
FT LAUDERDALE FL 33316  83  84 City See Address (F.O. Box Number is Not Acceptable)	gistered		
FT LAUDERDALE FL 33316  83  84 City	gistered		
84 City as 7 To Ce	gistered		
84 City F1 85 Zip Co	gistered		
Fi   S   E   City	gistered		
,	gistered istered		
<ol> <li>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 affice 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.</li> </ol>			
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  TITLE    DELETE   1.1 TITLE   Change	Addition		
LOVEL HARALE B	7 Montgon		
ACCOUNT OF CLOSE OF			
ET LAUDEDDALE EL			
011-01-El	T Addition		
	_ Addition		
NAME 22 NAME			
2.3 STREET ADDRESS 2.3 STREET ADDRESS	}		
CITY-ST-ZIP 2. 4 CITY-ST-ZIP	1		
	☐ Addition		
NAME 3.2 NAME	- 1		
STREET ADDRESS 3.3 STREET ADDRESS			
CITY-ST-ZIP 3.4. CITY-ST-ZIP			
TITLE DELETE 4.3 TITLE DELETE L. Change L	Addition (		
NAME 4. 2 NAME			
STREET ADDRESS 4.3 STREET ADDRESS			
CITY-ST-ZIP 4.4 CITY-ST-ZIP			
TITLE DELETE 5.1 TITLE Change	Addition		
NAME 5 2 NAME			
STREET ADDRESS 5.3 STREET ADDRESS	1		
CITY-ST-ZIP 5.4 CITY-ST-ZIP			
TITLE         DELETE         61 TITLE         Change	Addition		
NAME 6.2 NAME			
STREET ADDRESS 6.3 STREET ADDRESS			
CITY-ST-ZIP 6.4 CITY-ST-ZIP	Į		
14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the initiated on this applied with the indicated on this applied with the indicated on this applied to the same legal effect as if made under certify that the indicated on this applied with the indicated on the indicated on this applied with the indicated on the ind	rmation		

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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:

BE DE ONING

JAN - 26/98 954-467-8 900
Date Date Davine Proce # 0287584

CR2E034 (10/

Applied For

Fee Required

**\$5.00** May Be

Not Applicable \$8.75 Additional