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 Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90219 042 ***150.00

DOCUMENT # 521054

1. Corporation Name

CROWN	FLOORING & CONSTRU	ICTION CORP.		,-P1	, A.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
CHOWN	reconing a constitu				1 .					
Principal Place	on Rusiness	Mailing Address						1011 0101i 1381		
-										
2608 SE 21ST ST 2608 S E 21ST ST FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316										
US US						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						12/28/1976		1		
Principal Place of Business 2a. Mailing Address						4. FEI Number	Ар	plied For		
						59-1717018	No	t Applicable		
26							\$8.75 A	dditional		
22 27						5. Certifcate of Status Desired	Fee Re	quired		
City & Stat		City & State		_		6. Election Campaign Financing	\$5.00	May Be		
23	~	28				Trust Fund Contribution	Added t			
Zip	Country	Zip	Cou	ntry	·	8. This corporation owes the current year Intang	aible			
24			30			Personal Property Tax. ☐ Yes ☐ No				
24	9. Name and Address of Cur		1001	\Box		10. Name and Address of New Registered Ag	ent			
-	- 110110 01101			81	Name	neld D. Tenell				
LOVI	ELL, R. O.					arold B. Lovell				
2608	SE 21ST ST			82		Address (P.O. Box Number is Not Acceptable)				
	AUDERDALE FL 33316			83		508 S.E. 21 Street				
	, , <u>, , , , , , , , , , , , , , , , , </u>) Ft	Lauderdale, Fl.33316				
				84	City	FL	85 Zip (Code		
					l			intod		
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						(when reinstating) DATE				
	Signature, typed or printed name of registered			Agen	nt signature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	PS IN 12		
12.		S AND DIRECTORS ☐ DELETE	13.				Change	Addition		
TITLE	P	DECETE	1.1 TI							
NAME	LOVELL, HAROLD B		1.2 N	AME						
STREET ADDRESS	2608 SE 21ST ST		1.3 51	TREET	TADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CI	TY-S	T-ZIP	·				
TITLE		☐ DELETE	2.1 TF	TLE		<i>.</i>	_ Change	Addition		
NAME			2.2 N	AME				į		
STREET ADDRESS			2.3 57	TREET	TADORESS			-		
CITY-ST-ZIP			2.4 C	ITY-S	ST-ZIP					
TITLE		☐ DELETE	3.1 TI	TLE			☐ Change	☐ Addition		
NAME			32 N	AME						
STREET ADDRESS			3.3.51	TREET	T ADDRESS			Į		
					ST-ZIP	•				
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE		-,- <u>-</u> _II		Change	☐ Addition		
		C 022212					-			
NAME			4.2 N					Ì		
STREET ADDRESS					TADORESS			1		
CITY-ST-ZIP			_		ST-ZIP		Chenge	Addition		
TITLE		☐ DELETE	5.1 TT			1	Change	Addition		
NAME			5.2 N/							
STREET ADDRESS	1		5.3 \$1	TREET	TADDRESS			ļ		
CITY OT 71D			54 C	ITY-S	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 suppliemental annual reporties 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Addition