

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

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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 # 669941 (7)

1. Corporation Name
CROWN INVESTMENT PROPERTIES, INC.



Principal Place of Business
~~450 CROWN OAK CENTRE DR.~~
~~LONGWOOD FL 32750~~
704 So. U.S. Hwy 17-92
Longwood, FL 32750

Mailing Address
~~450 CROWN OAK CENTRE DR.~~
~~LONGWOOD FL 32750-6196~~
501 No. Orlando Ave
Suite 313-400
Winter Park, FL 32789

2. Principal Place of Business
21 704 So. US Hwy 17-92
Suite, Apt. #, etc.
22 City & State
23 Longwood, FL
Zip Country
24 32750 25 Seminole

2a. Mailing Address
26 501 No. Orlando Ave
Suite, Apt. #, etc.
27 Suite 313-400
City & State
28 Winter Park, FL
Zip Country
29 32789 30 Orange

3. Date Incorporated or Qualified 05/05/1980
3a. Date of Last Report 04/25/1996
4. FEI Number 59-2058401
Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MONROE, MARK P
~~450 CROWN OAK CENTRE DR.~~
~~LONGWOOD FL 32750.~~

10. Name and Address of New Registered Agent
81 Name Monroe, Mark P.
82 Street Address (P.O. Box Number is Not Acceptable)
83 501 No. Orlando Ave
Suite 313-400
84 City Winter Park FL 85 Zip Code 32789

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 *Mark Monroe* 3-5-97
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	PST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFRENIERE, STEPHEN J.	1.2 NAME	
STREET ADDRESS	704 SOUTH US HWY 17-92	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	1.4 CITY-ST-ZIP	
TITLE	MONROE, MARK P.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONROE, MARK P.	2.2 NAME	
STREET ADDRESS	501 N ORLANDO AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE		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		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		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		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 *Mark Monroe* 3-5-97 (407) 234-7500

CR2E034 (9/96)