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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 721191

(5)

CROWN OAKS, INC.

SIGNATURE:

CHOWN	OARS, INC.					
Principal Place of	f Business	Mailing Address			I PERIN INDIA MANUTUM MANUTUM INDIA MANUTUM INDIA	St till Midit Billie Billet Bilte Bille
2180 PARK AV SUITE 326		2180 PARK AVE. N SUITE 326	700			
WINTER PARK US	FL 32789	WINTER PARK FL 32 US	789		3. Date Incorporated or Qualified 06/18/1971	3a. Date of Last Report 05/01/1995
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number 59-2480919	Applied F Not Appl
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May 8 Added to Fee
Zip	Country	28 Zip	Country		This corporation has liability for its corporation as liability for its corporation and the corporation as liability for its corporation as liability for its corporation and the corporation as liability for its corporation as liability for its corporation and the corporation as liability for its corporation and the corporation as liability for its corporation and the corporation as liability for its corporation as liability for its corporation and the corporation and the corporation as liability for its corporation and the corporation and corporation as liability for its corporation and corp	
<u>קר</u>	25	29	30		Florida Statutes	☐ Yes ☐ No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New R	Registered Agent
			81 1	Name		
MALCOM	I, THOMAS D		82	Street Address	(P.O. Box Number is Not Acceptab	ole)
	RK AVE, N		83			
SUITE 32			63			
WINTER	PARK FL 32789		84 (City		FL 85 Zip Code
		EOD C17 1EDO Florido Stat	tog the shows par	med cornoration	on submits this statement for the pur	rnose of changing its registere
or registered familiar with	n, and accept the obligations of, S					DATE
or registered familiar with SIGNATUREs	Signature, typod or printed name of registered a	agent and MiciPappicable (I	NOTE Registered Agent's		ADDITIONS/CHANGES TO OFF	
or registered familiar with SIGNATURES	OFFICERS	agent and Me Pappidates (I	NOTE Registered Agent's 13. 1.1 TITLE	gnature required w	ADDITIONS/CHANGES TO OFF	
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