

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **823286** (0)

1. Corporation Name
CROWN AUTO DEALERSHIPS, INC.



Principal Place of Business: **5237 34TH STREET NORTH ST. PETERSBURG FL 33714**
Mailing Address: **6001 34TH N ST. PETERSBURG FL 33714 US**

3. Date Incorporated or Qualified: **09/22/1969**
3a. Date of Last Report: **03/22/1995**
4. FEI Number: **59-1235420**
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
Zip: 24 Country: 25
City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**MYERS, JAMES R.
6001 34TH STREET NORTH
ST. PETERSBURG FL 33714**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAWKINS, DWAYNE	
STREET ADDRESS	8401 TALLAHASSEE DR NE	
CITY - ST - ZIP	ST PETERSBURG, FL 33702	
TITLE	DAI	<input checked="" type="checkbox"/> DELETE
NAME	HAWKINS, PEGGY-	
STREET ADDRESS	8401 TALLAHASSEE DR NE	
CITY - ST - ZIP	ST PETERSBURG, FL 33702	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MYERS, JAMES R.	
STREET ADDRESS	6001 34TH ST N.	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAM TERRY HAWKINS	
STREET ADDRESS	6001 34th Street North	
CITY - ST - ZIP	ST PETERSBURG FL 33714	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	HAWKINS, WILLIAM TERRY	
STREET ADDRESS	6001 34th Street North	
CITY - ST - ZIP	ST PETERSBURG FL 33714	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D.V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HAWKINS, Terry	
1.3 STREET ADDRESS	6001 34th Street North	
1.4 CITY - ST - ZIP	ST PETERSBURG FL 33714	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	200001781562	
4.3 STREET ADDRESS	-04/16/96--01025--000	
4.4 CITY - ST - ZIP	***208.75	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Dwayne Hawkins* DWAYNE HAWKINS 2096 813 527-5731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone No

CR2E034 (12/95)

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