FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F66005** **(2)**

1. Corporation Name
CROWN HERALD, INC.

Principal Place of Business
6308 BENJIAMIN RD
SUITE 708
TAMPA FL 33634
US

Mailing Address
~~5805 JOHNS RD~~
P.O. BOX 24386
TAMPA FL 33623-4386

3. Date Incorporated or Qualified: 02/02/1982
3a. Date of Last Report: 05/18/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 24386
Suite, Apt. #, etc.
27
City & State
28 Tampa FL
Zip 29 33623-4386 Country 30

4. FEI Number: 59-2164694 — 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

ERIC MITCHELL
6308 BENJIAMIN RD
SUITE 708
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name: Jeanne M. Segars
82 Street Address (P.O. Box Number is Not Acceptable): 6308 Benjamin Rd
83 Ste. 708
84 City: Tampa FL 85 Zip Code: 33634

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: Jeanne M. Segars Jeanne M. Segars — Mar. 26, 1996
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DELETE
D JOHNSON, STEN K. S. PROMENADEN 69 MALMOE, SWEDEN	☐
S SWENSSON, PETER S. PROMENADEN 69 MALMOE, SWEDEN	☐
P MITCHELL,ERIC 6308 BENJAMIN RD STE 708 TAMPA FL 33634	☒
	☐
	☐
	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐	☐
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐	☐
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐	☐
4.1 TITLE V 4.2 NAME Blomstrom, Yngve 4.3 STREET ADDRESS 6308 Benjamin Rd. Ste. 708 4.4 CITY-ST-ZIP Tampa FL 33634	☐	☒
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐	☐
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐	☐

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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: _____ 2/27/96 813-886-9007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

3-30-1996 pm