

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 22, 1999 8:00 am  
Secretary of State

03-22-1999 90143 035 \*\*\*150.00

DOCUMENT # F93000001440

1. Corporation Name  
CROWN AGENTS INTERNATIONAL LIMITED, INC.



Principal Place of Business  
901 PONCE DE LEON BLVD.  
SUITE 203  
CORAL GABLES FL 33134-3073

Mailing Address  
901 PONCE DE LEON BLVD.  
SUITE 203  
CORAL GABLES FL 33134-3073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1993

4. FEI Number

98-0133252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ANDREWS, GLORIA  
901 PONCE DE LEON BLVD.  
SUITE 203  
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                                     |                                 |
|----------------|-------------------------------------|---------------------------------|
| TITLE          | D                                   | <input type="checkbox"/> DELETE |
| NAME           | BERRY, PETER F                      |                                 |
| STREET ADDRESS | ST. NICHOLAS HOUSE, ST. NICHOLAS RD |                                 |
| CITY-ST-ZIP    | SUTTON SU SMIE-L                    |                                 |
| TITLE          | D                                   | <input type="checkbox"/> DELETE |
| NAME           | JAMIESON, DAVID G                   |                                 |
| STREET ADDRESS | ST. NICHOLAS HOUSE, ST. NICHOLAS RD |                                 |
| CITY-ST-ZIP    | SUTTON SU SMIE-L                    |                                 |
| TITLE          | D                                   | <input type="checkbox"/> DELETE |
| NAME           | GODLEY, GRAHAM RONALD               |                                 |
| STREET ADDRESS | ST. NICHOLAS HOUSE, ST. NICHOLAS RD |                                 |
| CITY-ST-ZIP    | SUTTON SU SMIE-L                    |                                 |
| TITLE          | D                                   | <input type="checkbox"/> DELETE |
| NAME           | SLATER, AUBREY M                    |                                 |
| STREET ADDRESS | ST. NICHOLAS HOUSE, ST. NICHOLAS RD |                                 |
| CITY-ST-ZIP    | SUTTON SU SMIE-L                    |                                 |
| TITLE          | S                                   | <input type="checkbox"/> DELETE |
| NAME           | KENT, HEATHER A                     |                                 |
| STREET ADDRESS | ST. NICHOLAS HOUSE, ST. NICHOLAS RD |                                 |
| CITY-ST-ZIP    | SUTTON SU SMIE-L                    |                                 |
| TITLE          | D                                   | <input type="checkbox"/> DELETE |
| NAME           | HUGHES, MARK ROY                    |                                 |
| STREET ADDRESS | ST. NICHOLAS HOUSE, ST. NICHOLAS RD |                                 |
| CITY-ST-ZIP    | SUTTON SU SMIE-L                    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 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           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

01963966