

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

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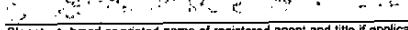
1. Corporation Name
CROWN AGENTS INTERNATIONAL LIMITED, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/16/1993	4. FEI Number 98-0133252	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	\$5.00 May Be Added to Fees
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00	May Be Added to Fees
Zip 24	Zip 25	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
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		

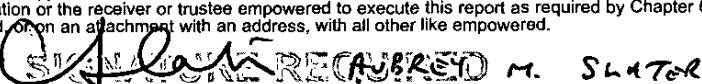
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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)

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERRY, PETER F	1.2 NAME		
STREET ADDRESS	ST. NICHOLAS HOUSE, ST. NICHOLAS RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	SUTTON SU SMIE-L	1.4 CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAMIESON, DAVID G	2.2 NAME		
STREET ADDRESS	ST. NICHOLAS HOUSE, ST. NICHOLAS RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	SUTTON SU SMIE-L	2.4 CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GODLEY, GRAHAM RONALD	3.2 NAME		
STREET ADDRESS	ST. NICHOLAS HOUSE, ST. NICHOLAS RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	SUTTON SU SMIE-L	3.4 CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLATER, AUBREY M	4.2 NAME		
STREET ADDRESS	ST. NICHOLAS HOUSE, ST. NICHOLAS RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	SUTTON SU SMIE-L	4.4 CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENT, HEATHER A	5.2 NAME		
STREET ADDRESS	ST. NICHOLAS HOUSE, ST. NICHOLAS RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	SUTTON SU SMIE-L	5.4 CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUGHES, MARK ROY	6.2 NAME		
STREET ADDRESS	ST. NICHOLAS HOUSE, ST. NICHOLAS RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	SUTTON SU SMIE-L	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 #

(407) 991-6433