Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90175 005 \*\*\*150.00

## 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

## DOCUMENT # F9400000654

1. Corporation	n Name						
CROWN	I AUTO, INC.						
	•						
					<u> </u>		<b>u c</b> hii <b>ua</b> i 1881
Principal Plac	ce of Business	Mailing Address			1		
2003 S.W. 87 AVE. NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068							
NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 330 US US			.00		DO NOT WRITE IN THIS SPACE		
		,			3. Date Incorporated or Qualifed		
					02/10/1994		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	<b>├</b>	Applied For
21		26			65-0437638		lot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	<b>7</b>	Additional Required
22 City & Sta	City & State	_		a Flortion Compaign Financing		May Be	
<del>,</del> ·	ie.	28			6. Election Campaign Financing Trust Fund Contribution		to Fees
23 Zip	Country	Zip	Country		8. This corporation owes the current year li	ntangible	
24	25	29 30			Personal Property Tax.	Yes	□No
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent	
	LEE LARRY		81	Name			
WOLFE, LARRY				Street Add	ress (P.O. Box Number is Not Acceptable)	_	
200 - A JOHN KNOX ROAD TALLAHASSEE FL 32303-6643			_				
IAL	LAMASSEE FL 32303-0043		83		<del>-</del>		
			84	City	F	85 Zip	Code
							te registered
affina ar	registered eagert of both in the State	ont Florida Such chande was auth	ORZEG DV	the cornorati	poration submits this statement for the purpose con's board of directors. I hereby accept the app	ointment as	registered
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Florida	Statutes				
SIGNATURE	Signature, typed or printed name of registered ag	cot and title if applicable (NOTE: Pe	oieterert Ager	nt signature require	ad when reinstating) DATE	<del></del>	<del></del>
12.		ND DIRECTORS	13.	it aignature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	CP	☐ DELETE	1.1 TITLE			☐ Change	
NAME	PALESE, ANNA M		1.2 NAME				
STREET ADDRESS			1.3 STREE	TADDRESS			
CITY-ST-ZIP	N. LAUDERDALE FL 33068		1.4 CITY-S	T-ZIP			
TITLE	V	☐ DELETE 2.11				Change	Addition
NAME	PALESE, JOSEPH R SR.		2.2 NAME				
STREET ADDRESS	2003 SW 87 AVE	•	2.3 STREE	TADDRESS			
CITY-ST-ZIP	N. LAUDERDALE FL 33068		2. 4 CITY-5	T-ZIP			
TITLE	ST	DELETE 3.1				☐ Change	Addition
NAME	PALESE, JOSEPH R JR.	i	3.2 NAME				
STREET ADDRESS			3.3 STREE	TADORESS			
CITY-ST-ZIP	RED BANK NJ 07701	F1	3.4. CITY- 5	ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE	}		☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS				TADORESS			
CITY-ST-ZIP	,	Decision	4.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	]			· Decomon.
NAME				TADORESS :			
STREET ADDRESS	<b>8</b>			1			
CITY-ST-ZIP		DELETE	5.4 CITY-S 6.1 TITLE	T-ZIP		☐ Change	a ☐ Addition

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 others like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

954726-4751