FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600002294 (4)

CROWN FINANCIAL OF ALABAMA, INC.

Mailing Address

Principal Place of Business

FILED Apr 28 1997 8:00am Secretary of State



DOTHAN AL 36301		DOTHAN AL 36301-1411						
					3. Date Incorporated or Qualified 05/08/1996	3a. Date of Last	Report	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For		
21 2380 Montgomery Hwy.		26 2330 Montgomery Hwy.		63-1150739	1	Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75	Additional		
22		27		Fee Required		Required		
City & State 23 Pothan, AL		City & State			6. Election Campaign Financing \$5.00 May Be		May Be	
		28 Dothan, AL			Trust Fund Contribution Added to F		to Fees	
Zip	Country	Zip	Country		8. This corporation has hability for intangible tax under s. 199.032,			
24 36303	25 U.S.	29 36303	30 U,S.			Yes No		
9. Name and Address of Current Registered Agent				41 Name	10. Name and Address of New Registered Agent			
APPLEFIELD, BRYAN				81 Name				
	N. LAGOON DRIVE			82 Street Address (P.O. Box Number is Not Acceptable)				
PANA	MA CITY BEACH FL 32407		۽ ا	83				
			8	3				
			8	4 City		85 Zu	Code	
					A SHOP OF THE BOOK AND A SHOP OF THE SHOP			
11. Pursuant to office or rec	the provisions of Sections 607.0502 listered agent, or both, in the State of	and 607.1508, Florida Statute Il Florida, Such change was a	os, the abo sulborized l	ve-named corp ov the corporal	poration submits this statement for the prition's board of directors. I bereby accept	arpose 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: typod or printed harms of registered agent and titled applicable (NOTE: Registered Agent signature required when reinstating) DATE								
	pnature, typod or printed name of registered agen		THE RESERVE OF THE PARTY OF THE	goni signature requi		DATE DIDECTO	200 (1) 100	
12.			13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	(
l	APPLEFIELD, BRYAN	1.2 N/				☐ change	LI ADDITION	
	8701 N. LAGOON DRIVE							
CITY-ST-ZIP PANAMA CITY BEACH FL 32407				E1 ADORESS			Įį.	
	SDT	DELETE	1.4 C(TY) 2.1 T(TLE			Change	Addition	
	APPLEFIELD, HELEN	22 NA				☐ bliange	L.J Addition	
	8701 N. LAGOON DRIVE			ET ADDRESS				
	PANAMA CITY BEACH FL 3240	7	2.3 STRE					
	V	DELETE	3.1 TITLE	·····		Change	Addition	
1 ,	APPLEFIELD, BRYAN S		3.2 NAMI					
	1133 WEST MAIN STREET			ET ADDRESS				
	DOTHAN AL 36301		3.4 CITY					
TITLE			4.1 TITLE		Change Addition		Addition	
NAME ?		·	4. 2 NAME					
STREET ADDRESS			B .	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	4			ļ	
TITLE	The state of the s		5.1 11716			Change	Addition	
NAME		-	5.2 NAMI					
STREET ADDRESS				ET ADDRESS			}	
CITY-ST-ZIP			5.4 CITY				į	
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAMI				İ	
STREET ADDRESS				ET ADDRESS			İ	
CITY-ST-ZIP			6.4 CITY- ST- ZIP					
								

14. I do hereby certify that the information supplied with this feing 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 eath; 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 is of angel, or on an example of the corporation of 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 is of angel, or on an example of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name