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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F96000002758 (8)

CSI/CROWN, INC.

Principal Place of Business	Mailing Address

PO BOX 2624 DALTON GA 30722-2624

Mailing Address

PO BOX 2624 **DALTON GA 30722-2624**

FILED Mar 13 1997 8:00am Secretary of State



					06/03/1996	1	
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number	1 /	Applied For
21		26]			62-126 1869		lot Applicable
Sulte, Apt.	. #, etc.	Suite, Apt. #, etc	D		5. Certificate of Status Desired	1 1 7 - 1	Additional Required
City & Sta	te	City & State			Election Campaign Financing Trust Fund Contribution		May Be
Zip 24	Country 25	Z1p	Countr 30	ry	8. This corporation has liability for in	ntangible tax under Yes \[\] No	s. 199.032,
	9. Name and Address of Current				10. Name and Address of New Reg	gistered Agent	
120	CORPORATION SYSTEM TO SOUTH PINE ISLAND ROAD INTATION FL 33324		82	2 Street Ade	dress (P.O. Box Number is Not Acceptab	le)	
			83	3			
			84	4 City		F1 85 Zip	Code
office or agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligation of registered agents.				rporation submits this statement for the p ation's board of directors. I hereby accep	t the appointment a	s registered
12.	OFFICE RS AND		13.	gent signature req	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	PSD	DELET			7,00,11010,010,11020,10,0110	☐ Change	
NAME	CIOLLI, ROBERT	-	1.2 NAME				<u>-</u>
STREET ADDRESS							
	2931 S. MARKET ST.	4	1.3 STREE	1 ADDRESS			
CITY-ST-ZIP		4 DELETI	1.3 STREE 1.4 CITY-	1 ADDRESS		☐ Change	Addition
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Information indicated on this annual roport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under o 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 Statules; and that my name appears in Block 12 or Block 13 if chapter 607, and that my name are receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name