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

PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name
CSI/CROWN, INC.

Principal Place of Business

FLORIDA DEPARTMENT OF STATE

## Sandra B.-Morthage

Secretary of State
DIVISION OF CORPORATIONS

F96000002758 (8)

Mailing Address

## FILED Mar 26 1998 8:00am Secretary of State



PO BOX 2624 DALTON GA 30722-2624		PO BOX 2624 DALTON GA 30722-2624		DO NOT WRITE	IN THIS SPACE			
					3. Date Incorporated or Qualified 06/03/1996			
2. Principal Place of Business 2a. Mailing			g Address		4. FEI Number	AI	pplied For	
21 *		26			62-1261869	No.	ot Applicable	
Suite, Apt. #,	etc.	27			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	7 <sub>1</sub> p	Countr 30	y 	This corporation owes or has par Personal Property Tax due June	30. 🗆 Yes 🛭	tangible No	
	9. Name and Address of Curre	ent Registered Agent		T.,	10. Name and Address of New Re	gistered Agent		
	CORPORATION SYSTEM		81	Name				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				82 Street Address (P.O. Box Number is Not Acceptable)				
			83	i i				
			84	City		FL 85 Zip	Code	
11. Pursuant to office or reg agent. I am	the provisions of Sections 607.05 istered agent, or both, in the Stalfamiliar with, and accept the obli	02 and 607.1508, Florida te of Florida. Such changi gations of, Section 607.05	Statutes, the above was authorized b	re-named corp by the corporal is.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing in the appointment as	ts registered registered	
SIGNATURE SIG	pnature, lyped or printed name of registered a	gont and life if applicable	(NO1E: Registered Ag	eni signature requi	red when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	3\$ IN 12	
TITLE	PSD	☐ DELE	TE 1.1 TITLE		Ø	Change	Addition	
NAME	CIOLLI, ROBERT		1.2 NAME	Z-	tere Cleary			
STREET ADDRESS	2931 S. MARKET ST.		1.3 STREE		0 Bat 2624 NA			
CITY-ST-ZIP	CHATTANOOGA TN 37402-		1.4 CITY-	ST-ZIP D	alton 94 30422			
TITLE	PO	☐ DELI	TE 2.1 TITLE	\rac{\rac{\rac{\rac{\rac{\rac{\rac{	D	Change	Addition	
NAME	EDMAN, THOR M JR		2.2 NAME	Bo	ob Ciollio. Box 2624 NA			
STREET ADDRESS	2931 S. MARKET ST.		2.3 STREE	T ADDRESS 🎜	0. Box 2629 1V14			
CITY-S1-ZIP	CHATTANOOGA TN 37402		2. 4 CITY	ST-ZIP D	alton 64 30722			
TITLE	VD	☐ DELE	TE 3.1 TITLE	\v·		Change	Addition	
NAME	MILLER, L D III		3.2 NAME	2	in Bulman			
STREET ADDRESS	2931 S. MARKET ST.		3.3 STREE		0. Box 2614 NA			
CITY-ST-ZIP	CHATTANOOGA TN 37402		3.4. CiTY	ST-ZIP De	alton 64 30722			
TITLE	O MINI DATOMA E	DELE	TE 4.1 TITLE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Change	Addition	
NAME	QUINN, PATRICK E		4. 2 NAM		and curin			
STREET ADDRESS	2931 S. MARKET ST.		4.3 STREE		O.B of 2624 NA			
CITY-ST-ZIP	CHATTANOOGA TN 37402		4.4 CITY-	ST-ZIP D	buton 64 30722		· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DEL		}		Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY - ST - ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELI	TE 6.1 TITLE	]		Change	Addition	
NAME			6.2 NAME	1				
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			64 CITY-					
	tify that the information supplied	with this filing does not a			Section 119.07(3)(i), Florida Statutes, I	further certify that the	e information	