

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # G03387 (9)**

1. Corporation Name  
**CROWN CERAMICS LABORATORY, INC.**

Principal Place of Business Mailing Address  
**% SUSAN D. SMITH  
1505 N. FEDERAL HWY  
LAKE WORTH FL 33460** **% SUSAN D. SMITH  
122 BEACH SUMMIT CT.  
JUPITER FL 33477  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report  
**10/01/1982 04/26/1994**  
4. FBI Number Applied For  
**59-2228260** Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing  **\$5.00 May Be  
Added to Fees**  
7. This corporation has liability for intangible tax under G. 193.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**SMITH, SUSAN D  
1505 N. FEDERAL HWY  
LAKE WORTH FL 33460**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>SMITH, T. MARSHALL</b>
STREET ADDRESS	<b>122 BEACH SUMMIT COURT</b>
CITY - ST - ZIP	<b>JUPITER FL</b>
TITLE	<b>VST</b>
NAME	<b>SMITH, SUSAN D</b>
STREET ADDRESS	<b>122 BEACH SUMMIT COURT</b>
CITY - ST - ZIP	<b>JUPITER FL</b>
TITLE	<b>D</b>
NAME	<b>SMITH, SUSAN D</b>
STREET ADDRESS	<b>122 BEACH SUMMIT COURT</b>
CITY - ST - ZIP	<b>JUPITER FL</b>
TITLE	<b>D</b>
NAME	<b>FULLWOOD, JAMES E., JR.</b>
STREET ADDRESS	<b>1294 N CONGRESS AVE, #B</b>
CITY - ST - ZIP	<b>WEST PALM BCH. FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 correct, or on an attachment with an address.

SIGNATURE: *Susan D. Smith* **SUSAN D. SMITH V PRES, SECY TREAS** 4/27/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Number  
**(407) 746-0035**