FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:53

DOCUMENT # J47563 (8)

1. Corporation Name
CROWN SCAFFOLDING CO.

Principal Place of Business	Mailing Address
% STANLEY FREEDLAND 602 SOUTH ARMENIA AVENUE TAMPA FL 33609	2600 N 2ND ST PHILADELPHIA PA 19133 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/17/1986
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 23-2548952 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEMUS, MARTHA
602 S. ARMENIA AVENUE
TAMPA FL 33609

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 _____
Signature, typed or printed name of registered agent and the date of acceptance (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	RAPOPORT, ERNEST	1.2 NAME	
STREET ADDRESS	214 PARKVIEW ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHELTENHAM PA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	RAPOPORT, RANDY	2.2 NAME	
STREET ADDRESS	214 PARKVIEW ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHELTENHAM PA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PAPOPORT, MITCHELL	3.2 NAME	
STREET ADDRESS	1002 VALLEY GLEN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ELKINS PARK PA	3.4 CITY-ST-ZIP	
TITLE	DST	4.1 TITLE	☐ Change ☐ Addition
NAME	RAPOPORT, JEFFREY	4.2 NAME	
STREET ADDRESS	458 N APPLE TREE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAFAYETTE HILL PA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	RAPOPORT, PAULA	5.2 NAME	
STREET ADDRESS	214 PARKVIEW ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHELTENHAM PA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: Ernest Rapoport
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

0477105 FP