

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J67433** (9)

1. Corporation Name

CROWN LEASING & MANAGEMENT INC.



Principal Place of Business

**4000 N STATE ROAD 7
STE 301
LAUDERDALE LAKES FL 33319**

Mailing Address

**4000 N STATE ROAD 7
STE 301
LAUDERDALE LAKES FL 33319**

3. Date Incorporated or Qualified
04/06/1987

3a. Date of Last Report
06/12/1995

2. Principal Place of Business

2a. Mailing Address

21 **2499 W. Glades Rd**

4. FEI Number
59-2815681

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **209**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 **Boca Raton**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

24 **FL** 25 **33431**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSTINE, DAVID

**4000 N. S.R. 7
LAUDERDALE LAKES FL 33319**

81 Name **David A. Rustine**

82 Street Address (P.O. Box Number is Not Acceptable)
2499 W. Glades Rd #209

83 **Boca Raton**

84 City **FL** 85 Zip Code **33431**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 board applicable (If not, Registered Agent signature required when recording)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P RUSTINE, DAVID**
STREET ADDRESS **4000 N. S.R. 7**
CITY - ST - ZIP **LAUDERDALE LKS FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **2499 W. Glades Rd. Ste #209**
1.4 CITY - ST - ZIP **Boca Raton, FL 33431**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **200001829372**
4.4 CITY - ST - ZIP **-05/20/96--01046--027**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

(407) 997-8000

CR2E034 (12/95)