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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J69017 (8)

1. Corporation Name
CROWN PERSONNEL SERVICES, INC.



Principal Place of Business
35060 US HWY 19
THE FOUNTAINS
PALM HARBOR FL 34684
US

Mailing Address
35060 US HWY 19
THE FOUNTAINS
PALM HARBOR FL 34684-1925

3. Date incorporated or Qualified 04/23/1987
3a. Date of Last Report 03/06/1996
4. FEI Number 59-2805773
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 33920 U.S. HWY. 19
#134

22 City & State

27 PALM HARBOR

23 Zip Country

28 34684 PINELAS

24 25

29 30

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

10. Name and Address of New Registered Agent

VENTRESCA, DIANE R.
35060 U.S. HWY 19
THE FOUNTAINS PLAZA
PALM HARBOR FL 34684

81 Name VENTRESCA, DIANE R.
82 Street Address (R.O. Box Number is Not Acceptable) 35060 U.S. HWY. 19
83 SUITE #134
84 PALM HARBOR FL 85 34684

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	DPT
NAME	VENTRESCA, DIANE R.	1.2 NAME	VENTRESCA, DIANE R.
STREET ADDRESS	35060 US HWY 19	1.3 STREET ADDRESS	33920 U.S. HWY. 19, SUITE #134
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	S	2.1 TITLE	
NAME	VENTRESCA, BARBARA C	2.2 NAME	
STREET ADDRESS	35060 U.S. HWY 19	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HBR FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: [Signature] DPT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/15/97
Daytime Phone #: (813) 785-8867
0455981

CP25004 (9/96)