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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # J71617

CROWN INVESTMENT VENTURES, INC.

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May	12	1997	8:00am
Sec	ret	ary of	State



W MARK P. N		Ma	ling Address			[i îndiine dist couni sidhê fileti sidii sêb	. 41441 81311 41		
Principal Place of Business W MARK P. MONROE 450 CROWN OAK CENTRE DR. LONGWOOD FL 32750		-456	% MARK P. MONROE 450 CRONIN DAK CENTRE DR. LONGWOOD PL 32750-8185							
							3. Date Incorporated or Qualified 05/07/1987	1	e of Last F 5/1996	Report
2. Principal F	Place of Business		Mailing Address				4. FEI Number		1	oplied For
21		26	501 N. C	<u>Orlan</u>	<u>do Ave</u>		59-2875268	·····		ot Applicable
Suite, Apt	#, etc.	 	Suite, Apt. #, etc		_		5. Certificate of Status Desired	\mathbf{x}		Additional equired
City & Sta	ato	27	Suite 31 Cily & State	13=40	0		6. Election Campaign Financing			
23	n (,		Winter I				Trust Fund Contribution	П		May Be to Fees
71p	Country	[20]	Zip		Country		8. This corporation has liability for			
24	25	29	32789-73	31330	Orang	e l] Yes [
	9. Name and Address of C	urrent Regist	ered Agent				10. Name and Address of New Re	gistered A	gent	
MO)NROE, MARK P.				81 Nan	ne				
	o crown oak oentre dr	IVE-			82 Stre	et Addres	ss (P.O. Box Number is Not Acceptat	ole)		
10	NGWOOD FL 32750				50		Orlando Avenue			
					83 S11	dta	313-400			
					84 City		313-400		85 Zip	Code
					Wi	ntar	ration submits this statement for the	<u> FL</u>		
11. Pursuant	to the provisions of Sections 60	07.0502 and 60 State of Florid	07.1508, Florida 9 la Such change :	Statutes, th	ie above-riám	ed corpor	ration submits this statement for the poly	ourpose of	changing i	ts registered
agent. I	am lamiliar with, and accept the	obligations of	Section 607.050	05, Florida	Statutes.	o polatio	n's board of directors. I hereby acce	pr ino appo	arionom gag	rogiotoroa
SIGNATURE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/							
12.	Signature typeo or printed name of register	ereo agent and title i			slered Ageni signa 13.	ilure required	when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE CEDS AND	DIRECTOR	20 IAI 20
	DP OFFICER	13 MINU DINEC	DELET		1.1 TITLE		ADDITIONS/OFFANGES TO GET R		Change	Addition
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NAME STREET ADDRESS OHY-ST-7P	MONROE, MARK P.	UITE 313-400		1	1.2 NAME 1.3 STREET ADORE: 1.4 CITY-ST-ZIP	ss			Change	
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roo 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 appears in Block 12 or Block 13 if changed, or on an atta-

SIGNATURE:

Daytime Phone #

Date