

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J96958 (0)
1. Corporation Name
CROWN 46, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
% J. H. HSU
820 IRMA AVE.
ORLANDO FL 32803

Mailing Address
% J. H. HSU
820 IRMA AVE.
ORLANDO FL 32803

3. Date Incorporated or Qualified

10/13/1987

4. FEI Number

59-2855353

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HSU, J. H.
820 IRMA AVE.
ORLANDO FL 32803

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 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 DP
NAME FORBES, ALAN, DR
STREET ADDRESS 9728 WILDOAK DR
CITY-ST-ZIP WINDERMERE FL

TITLE DV
NAME HO, TING-JUI D
STREET ADDRESS 402 VINNEDGE RIDE
CITY-ST-ZIP TALLAHASSEE FL

TITLE DS
NAME CHUNG, JOHN, DR
STREET ADDRESS 11746 SOUTH ST
CITY-ST-ZIP ARTESIA CA

TITLE DT
NAME HSU, JIN-HSIAO
STREET ADDRESS 559 E LAKE SUE AVE
CITY-ST-ZIP WINTER PARK FL

TITLE D
NAME LU, HSU-KUANG STEVEN
STREET ADDRESS 4460 KINCARDINE DR.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D
NAME PAN, CHIH-LONG
STREET ADDRESS 107 SWEETWATER BLVD N.
CITY-ST-ZIP LONGWOOD FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

DS
CHUNG, JOHN
12345 E. 214th st. Unit N
Hawaiian Garden, CA 90716

14. I 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:

Jin-Hsiao Hsu

Jin-Hsiao Hsu 3/17/98 (407)423-0098

CR2E034 (10/97)