

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

FILED

Feb 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K13168** (5)
1. Corporation Name
CROWN AUTO PLAZA, INC.



Principal Place of Business 3420 S. OLEAN BLVD 3X HIGHLAND BEACH FL 33487	Mailing Address 3420 S. OLEAN BLVD 3X HIGHLAND BEACH FL 33487-2551
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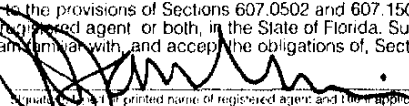
3. Date Incorporated or Qualified 01/28/1988	3a. Date of Last Report 02/07/1996
4. FEI Number 65-6034957	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**KLOSHEIM, HAROLD J. JR.
3420 S. OCEAN BLVD 3X
HIGHLAND BEACH FL 33487**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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, principal 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 and assume with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **2/11/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CHADWICK, JOY 22 WILLOWBROOK DR. AUBURN NY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHADWICK, JOY	1.2 NAME	
STREET ADDRESS	22 WILLOWBROOK DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURN NY	1.4 CITY-ST-ZIP	
TITLE	TD CHADWICK, NORMAN 22 WILLOWBROOK DR. AUBURN NY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHADWICK, NORMAN	2.2 NAME	
STREET ADDRESS	22 WILLOWBROOK DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURN NY	2.4 CITY-ST-ZIP	
TITLE	VD KLOSHEIM, CONSTANCE 3420 S. OCEAN BLVD. 3X HIGHLAND BEACH FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLOSHEIM, CONSTANCE	3.2 NAME	
STREET ADDRESS	3420 S. OCEAN BLVD. 3X	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SD KLOSHEIM, HAROLD JR. 3420 S. OCEAN BLVD. 3X HIGHLAND BEACH FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLOSHEIM, HAROLD JR.	4.2 NAME	
STREET ADDRESS	3420 S. OCEAN BLVD. 3X	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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  REQUIRED **2/11/97** **5013629940**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)