FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K19625** **(8)**

1. Corporation Name
CROWN FINANCIAL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% T. JACK GARY III 250 ROYAL PALM WAY STE 200 PALM BEACH FL 33480 US	% T. JACK GARY III 250 ROYAL PALM WAY STE 200 PALM BEACH FL 33480 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0047712 ☐ 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 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
GARY, T. JACK, III 250 ROYAL PALM WAY SUITE 200 PALM BEACH FL 33480	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	C,D	☒ Change ☐ Addition
NAME	QURESHI, SHEIKH A	1.2 NAME	QURAESHI Shahid	
STREET ADDRESS	11082 ISLE BROOK CT	1.3 STREET ADDRESS	1643 Flagler Parkway	
CITY-ST-ZIP	WELLINGTON FL	1.4 CITY-ST-ZIP	West Palm Beach, FL- 33411	
TITLE	DC	2.1 TITLE	[redacted] P	☒ Change ☐ Addition
NAME	GARY, T. JACK III	2.2 NAME	Gary T. Jack III	
STREET ADDRESS	200 RUGBY RD	2.3 STREET ADDRESS	200 Rugby Road	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	West Palm Beach, FL 33405	
TITLE	T	3.1 TITLE	T	☒ Change ☐ Addition
NAME	COLOMBO, DOUGLAS	3.2 NAME	O'Leary, Marilyn R.	
STREET ADDRESS	1914 S W GOLD LANE	3.3 STREET ADDRESS	701 St. Giles Court	
CITY-ST-ZIP	PORT ST LUCIE FL	3.4 CITY-ST-ZIP	Palm Beach Gardens FL 33418	
TITLE	P	4.1 TITLE		☒ Change ☐ Addition
NAME	PERKINS, MARC	4.2 NAME	Delete	
STREET ADDRESS	135 PERUVIAN AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH FL	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	QURAESHI, SOHAIL	5.2 NAME		
STREET ADDRESS	250 ROYAL PALM WAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: T. JACK GARY III 4/26/95 401-833-3088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CP