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FILED

May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K19625 (8)
1. Corporation Name
CROWN FINANCIAL ASSOCIATES, INC.



Principal Place of Business
C/O RICHARD LEDE
250 ROYAL PALM WAY STE 200
PALM BEACH FL 33480
US

Mailing Address
C/O RICHARD LEDE
250 ROYAL PALM WAY STE 200
PALM BEACH FL 33480-4315
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

RICHARD LEDE
2452 SEAFORD DRIVE
SUITE 200
WELLINGTON FL 33414

3. Date Incorporated or Qualified
03/28/1988

3a. Date of Last Report
05/01/1996

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

10. Name and Address of New Registered Agent

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CD
STREET ADDRESS QURAESHI, SHAHID
CITY-ST-ZIP 1643 FLAGLER PARKWAY
WEST PALM BEACH FL

TITLE ☐ DELETE

NAME P LEDE, RICHARD
STREET ADDRESS 2452 SEAFORD DRIVE
CITY-ST-ZIP WELLINGTON FL

TITLE ☒ DELETE

NAME T O'LEARY, MARILYN R.
STREET ADDRESS 701 ST GILES COURT
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE ☐ DELETE

NAME SD QURAESHI, SHAHAN
STREET ADDRESS 1643 FLAGLER PARKWAY
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Quraeshi, Shahid
1.3 STREET ADDRESS 1643 Flagler Parkway
1.4 CITY-ST-ZIP West Palm Beach FL.

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME P/S Ledo, Richard
2.3 STREET ADDRESS 2452 Seaford Drive
2.4 CITY-ST-ZIP Wellington FL.

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME QURAESHI, SHAHAN
4.3 STREET ADDRESS 1643 Flagler Parkway
4.4 CITY-ST-ZIP West Palm Beach FL.

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 its 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 attachment with an address.

SIGNATURE

SIGNATURE Quraeshi

5/12/97 5:01:23 PM

CR2E034 (9/96)