

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K59720 (8)
1. Corporation Name
CROWN INDUSTRIES, INC.



Principal Place of Business
2357 SUNDERLAND AVENUE
WEST PALM BEACH FL 33414-7776

Mailing Address
2357 SUNDERLAND AVENUE
WEST PALM BEACH FL 33414-7776

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|--|---------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/20/1989 | | 3a. Date of Last Report 07/30/1996 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0099557 | | Applied For Not Applicable | |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BLVD.
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name Lillian Rubio
82 Street Address (P.O. Box Number is Not Acceptable)
2357 SUNDERLAND AVE
83
84 City West Palm Beach FL 85 Zip Code 33414

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 Lillian Rubio, Secretary *Lillian Rubio* DATE 9/15/97
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|---------------------------|
| TITLE | PSTD | 11 TITLE | PTD |
| NAME | ZENGA, V. JAMES ESQ. | 12 NAME | V. JAMES ZANGA |
| STREET ADDRESS | 2357 SUNDERLAND AVENUE | 13 STREET ADDRESS | 2357 SUNDERLAND AVE. |
| CITY-ST-ZIP | WEST PALM BEACH FL 33414 | 14 CITY-ST-ZIP | West Palm Beach, FL 33414 |
| TITLE | AS | 21 TITLE | Secretary |
| NAME | RODRIGUEZ, FRANK | 22 NAME | Lillian Rubio |
| STREET ADDRESS | 4521 PGA BLVD. | 23 STREET ADDRESS | 2357 SUNDERLAND AVE |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | 24 CITY-ST-ZIP | West Palm Beach FL 33414 |
| TITLE | | 31 TITLE | |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

800002303288
-09/25/97--01063--001
***550.00

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.

CR2E034 (4/97)