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

FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:23

DOCUMENT # L11509 (1)

1. Corporation Name
CROWN K LEASING AND SALES INCORPORATED

Principal Place of Business	Mailing Address
1030 S FEDERAL HWY. STE 114 DELRAY BEACH FL 33483 US	1030 S FEDERAL HWY. STE 114 DELRAY BEACH FL 33483 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/19/1989
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business
21 1050 S. Federal Hwy
Suite, Apt. #, etc.
22 #127
City & State
23 Delray Beach, FL
Zip 24 33483 Country 25 Palm Beach

2a. Mailing Address
26 1050 S. Federal Hwy
Suite, Apt. #, etc.
27 #127
City & State
28 Delray Beach, FL
Zip 29 33483 Country 30 Palm Beach

4. FEI Number: 65-0140743 ☐ 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

KLABEN, ALBERT O., SR.
1030 S FEDERAL HWY , STE 114
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1050 S. Federal Hwy - Suite #127
83 Delray Beach, FL 33483-5132
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: Same registered agent - Address Correction, only 01-13-1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	11 TITLE	☒ Change ☐ Addition
NAME	KLABEN, ALBERT O., SR.	12 NAME	
STREET ADDRESS	1030 S FEDERAL HWY, #114	13 STREET ADDRESS	1050 S Federal Hwy - Suite #127
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP	Delray Beach, FL 33483-5132
TITLE	ST	21 TITLE	☒ Change ☐ Addition
NAME	KLABEN, ALBERT O., SR.	22 NAME	
STREET ADDRESS	1030 S FEDERAL HWY , #114	23 STREET ADDRESS	1050 S Federal Hwy - Suite #127
CITY-ST-ZIP	DELRAY BEACH FL	24 CITY-ST-ZIP	Delray Beach, FL 33483-5132
TITLE		31 TITLE	DVP ☐ Change ☒ Addition
NAME		32 NAME	ROSALINE KLABEN
STREET ADDRESS		33 STREET ADDRESS	1050 S. FEDERAL HWY - SUITE #127
CITY-ST-ZIP		34 CITY-ST-ZIP	DELRAY BEACH, FL 33483-5132
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Rosaline Klaben ROSALINE KLABEN 01/13/95 (407) 243-3011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0970280 CP