

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra L. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L11514 (1)**

1. Corporation Name
CROWN K ENERGY AND EXPLORATION INCORPORATED



Principal Place of Business
**1050 S. FEDERAL HWY.
STE 127
DELRAY BEACH FL 33483
US**

Mailing Address
**1050 S. FEDERAL HWY.
STE 127
DELRAY BEACH FL 33483
US**

2. Principal Place of Business
21 State Apt. #, etc.
22 City & State
23 Zip Country
24 25 29 30

2a. Mailing Address
26 State Apt. #, etc.
27 City & State
28 Zip Country

3. Date Incorporated or Qualified **08/19/1989** 3a. Date of Last Report **03/30/1995**

4. FEIN Number **65-0140527** Applied For Not Applicable

5. Certificate of Status Demand **\$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.
1050 SOUTH FEDERAL HIGHWAY
STE 127
DELRAY BEACH FL 33483**

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

11. Pursuant to the provisions of Sections 607.0607 and 607.0608, Florida Statutes, the above named corporation makes the 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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0608, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPV	<input type="checkbox"/> DELETED
NAME	KLABEN, ALBERT O., SR.	
STREET ADDRESS	1050 S FED HWY #127	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETED
NAME	KLABEN, ALBERT O., SR.	
STREET ADDRESS	1050 S FED HWY #127	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	11110	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12110M	
STREET ADDRESS	13110M	
CITY-ST-ZIP	14010M ST Z	
TITLE	21110M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22110M	
STREET ADDRESS	23110M	
CITY-ST-ZIP	24010M ST Z	
TITLE	31110M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	32110M	
STREET ADDRESS	33110M	
CITY-ST-ZIP	34010M ST Z	
TITLE	41110M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	42110M	
STREET ADDRESS	43110M	
CITY-ST-ZIP	44010M ST Z	
TITLE	51110M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	52110M	
STREET ADDRESS	53110M	
CITY-ST-ZIP	54010M ST Z	
TITLE	61110M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	62110M	
STREET ADDRESS	63110M	
CITY-ST-ZIP	64010M ST Z	

14. I do hereby certify that the information supplied in this filing is complete, true and correct and that I am qualified for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included in this filing complies with the requirements of the Florida Department of State and that my signatures shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; and that the name of the officer or director is printed in this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 hereof. I, or a representative, consent with the above.

SIGNATURE: *Albert O. Klaben, Sr.* Albert O. Klaben, Sr. 3/25/96 (407) 243-3011 President

CR2E034 (12/95)