

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 is making 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, Sections 607.0607 and Florida Statutes.

SIGNATURE

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

11110	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12110	
13110	
14010	
21110	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22110	
23110	
24110	
25110	
26110	
27110	
28110	
29110	
30110	
31110	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32110	
33110	
34010	
35110	
36110	
37110	
38110	
39110	
40110	
41110	
42110	
43110	
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97110	
98110	
99110	
100110	

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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; and that the information is true and correct. This report is required by Chapter 607, Florida Statutes and that my name appears in Block 12 or Block 13 hereon. 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)