

**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 607.0609, 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, Sections 607.0607 and 607.0609, 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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 annual report is true and correct 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 name of the officer or director is as shown 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)