FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



9. Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L17474

1. Corporation Name

CORPORATE CROWN INC.

(2)

CFG REAL ESTATE GROUP, INC.

Jan 23 1998 8:00am
Secretary of State

Principal Place of Business	Mailing Address				
706 TURNBULL AVENUE SUITE 303 ALTAMONTE SPRINGS FL 32701	706 TURNBULL AVENUE SUITE 309 ALTAMONTE SPRINGS FL 32701	DO NOT WRITE IN THIS SPACE	3. Date Incorporated or Qualified		
US	US	· · · · · · · · · · · · · · · · · · ·			
		09/19/1989	-		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For			
ri	26	65-0156114 Not Applicat	ble		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State	City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Coun	ry Zip Country	8. This corporation owes or has paid the current year Intangible			

GOLDBERG, ALLAN N. 706 TURNBULL AVENUE SUITE 303 ALTAMONTE SPRINGS FL 32701

	Personal Property Tax due June 30.	L res	F 140	
	10. Name and Address of New Registered	Agent		
81	Name			
82	Street Address (P.O. Box Number is Not Acceptable)			
83		-		
84	City	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.

agent, I ai	m familiar with, and accept the obligations of, S	Section 607.0505, Flori	da Statutes.			
SIGNATURE .						
12.	Signature, typed or printed name of registered agent and title it a OFFICERS AND DIRECT		Tegistered Agent signature requi		DATE S TO OFFICERS AND DIRECT	OBS IN 12
TITLE	PDAS PDAS	DELETE	1.1 TITLE	ADDITIONOJOLIANGE	☐ Chang	
NAME	WILLIAM W. COLE, JR		1.2 NAME			
STREET ADDRESS	706 TURNBULL AVENUE SUITE 303		1.3 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY - ST-ZIP			
TITLE	VSTD	DELETE	2,1 TITLE		Chang	e Addition
NAME	allan n. goldberg		2,2 NAME			
STREET ADDRESS	706 TURNBULL AVENUE SUITE 303		2,3 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		2, 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Chang	e Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY- \$1- ZIP			_
TITLE		DELETE	4.1 TITLE		☐ Chang	e 🔲 Addition
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
City-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Chang	e 🔲 Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST- ZIP			
TITLE		☐ DELETE	6 1 TITLE		☐ Chang	e 🔲 Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-7IP			64 CITY - ST - ZIP			

14. I 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.

SIGNATURE:

Hellen Allan Goldburg

V.P. 1

407 834-9543

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