

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L37880** (6)

1. Corporation Name  
**CROWN CAPITAL ADVISERS, INC.**



Principal Place of Business  
**250 ROYAL PALM BAY  
PALM BEACH FL 33480  
US**

Mailing Address  
**250 ROYAL PALM BAY  
PALM BEACH FL 33480  
US**

3. Date Incorporated or Qualified <b>12/19/1989</b>	3a. Date of Last Report <b>08/25/1995</b>
4. FEI Number <b>65-0168319</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**BATTLE, T. WESTRAY JR  
250 ROYAL PALM WAY  
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent
81 Name <b>Lede, Richard</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2452 Seaford Drive</b>
83
84 City <b>Wellington</b>
85 Zip Code <b>FL 33414</b>

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.

**Richard Lede, President 4/23/96**

SIGNATURE: *[Signature]*  
Signature, typed or printed name of registered agent and the applicable

(If Other Registered Agent Signatures are required when registering)

Date

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>BATTLE, T. WESTRAY JR.</b>
STREET ADDRESS	<b>250 ROYAL PALM WAY</b>
CITY - ST - ZIP	<b>PALM BCH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>O'LEARY, MARILYN R</b>
STREET ADDRESS	<b>701 ST. GILES COURT</b>
CITY - ST - ZIP	<b>PALM BEACH GARDENS FL 33418</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>QURAESHI, SHAHID</b>
STREET ADDRESS	<b>1643 FLAGLER PARKWAY</b>
CITY - ST - ZIP	<b>WEST PALM BEACH FL 33411</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lede, Richard</b>
STREET ADDRESS	<b>2452 Seaford Drive</b>
CITY - ST - ZIP	<b>Wellington, FL 33414</b>
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'Leary, Marilyn R.</b>
STREET ADDRESS	<b>701 St. Giles Court</b>
CITY - ST - ZIP	<b>Palm Beach Gardens, FL 33418</b>
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
4. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Quraeshi, Shahan</b>
STREET ADDRESS	<b>1643 Flagler Parkway</b>
CITY - ST - ZIP	<b>West Palm Beach, FL 33411</b>
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Shahid Quraeshi 4/28/96 407-833-8088**

Date

Digitally Signed

CR2E034 (12/95)