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

**PROFIT** CORPORATION **ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

(0)

NATIONAL CROWN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
38238 CROWN PLACE	38238 CROWN PL
LADY LAKE FL 32159	LADY LAKE FL 32159
US	US

## FILED May 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/02/1990 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 26 59-3037798 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 30 Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 TYLA, P. Street Address (P.O. Box Number is Not Acceptable) 38238 CROWN PLACE 82 LADY LAKE FL 32159 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. **SIGNATURE** Signature, typed or printed name of registered agent and trie if applicable (NOTH Registered Agent a gnature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELET**E** 1.1 TITLE ☐ Change Addition TYLA, P. NAME 1.2 NAME 38238 CROWN PLACE 1.3 STREET ADDRESS STREET ADDRESS LADY LAKE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2 I IIILE Change Addition TITLE TYLA, BETTY JO NAME 2.2 NAME **38238 CROWN PL** STREET ADDRESS 2.3 STREET ADDRESS LADY LAKE FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STRFET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-7IP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information Indicated on this annual roport or supplier with this hing does not quarry for the exemptor state in Section 1.19.07(3)), Florida Statutes. Find the term with the informatic 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 in an attachment with an address