

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JAN 13 AM 9: 10

DOCUMENT # **L60023** (3)  
1. Corporation Name  
**THE CROWN GROUP, INC.**

Principal Place of Business Mailing Address  
**% JOHN A. KOEGEL**  
**105 LIVE OAKS GARDENS, SUITE 129**  
**CASSELBERRY FL 32707**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/26/1990** 3a. Date of Last Report **01/21/1994**  
4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  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 Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**KOEGEL, JOHN A.**  
**105 LIVE OAKS GARDENS**  
**SUITE 129**  
**CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 of current registered agent and title of registered agent) (Signature of new registered agent required when necessary) (N/A)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAPAPORT, DAVID A.H.</b>	12 NAME	
STREET ADDRESS	<b>18 E. 48TH ST</b>	13 STREET ADDRESS	
CITY ST. ZIP	<b>NEW YORK NY</b>	14 CITY ST. ZIP	
TITLE	<b>DP</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOEGEL, JOHN A.</b>	22 NAME	
STREET ADDRESS	<b>105 LIVE OAKS GARDENS</b>	23 STREET ADDRESS	
CITY ST. ZIP	<b>CASSELBERRY FL</b>	24 CITY ST. ZIP	
TITLE	<b>D</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARDYMON, ELLEN H.</b>	32 NAME	
STREET ADDRESS	<b>4675 WINTERSET DR.</b>	33 STREET ADDRESS	
CITY ST. ZIP	<b>COLUMBUS OH</b>	34 CITY ST. ZIP	
TITLE	<b>T</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORAN, MARTIN J.B.</b>	42 NAME	
STREET ADDRESS	<b>105 LIVE OAKS GARDENS</b>	43 STREET ADDRESS	
CITY ST. ZIP	<b>CASSELBERRY, FL</b>	44 CITY ST. ZIP	
TITLE	<b>VP</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, WILLIAM A.</b>	52 NAME	
STREET ADDRESS	<b>105 LIVE OAKS GARDEN</b>	53 STREET ADDRESS	
CITY ST. ZIP	<b>CASSELBERRY FL</b>	54 CITY ST. ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST. ZIP		64 CITY ST. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190 (2)(9)(a), 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. 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: *William A. Martin* 1/6/95 (407) 260-1003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone