

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

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  
% JOHN A. KOEGEL 105 LIVE OAKS GARDENS, SUITE 129 CASSELBERRY FL 32707

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

3. Date Incorporated or Qualified 03/26/1990 3a. Date of Last Report 01/13/1995  
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  
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes Yes  No

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature type in the printed name of registered agent and title, if applicable. (If title Registered Agent signature required when registering)

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

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\*\*\*225.00

6/11/96

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 617, Florida Statutes, and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* JOHN A. KOEGEL 6/4/96 407-260-1003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)