

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

FILED

Jan 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

**DOCUMENT # L60023 (3)**

1. Corporation Name  
**THE CROWN GROUP, INC.**

Principal Place of Business <b>% JOHN A. KOEGEL 105 LIVE OAKS GARDENS, SUITE 129 CASSELBERRY FL 32707</b>	Mailing Address <b>% JOHN A. KOEGEL 105 LIVE OAKS GARDENS, SUITE 129 CASSELBERRY FL 32707-3286</b>
----------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------

3. Date Incorporated or Qualified <b>03/26/1990</b>	3a. Date of Last Report <b>06/11/1996</b>
4. FEI Number <b>NOT APPLICABLE</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. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input 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. Country	30. Country

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

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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]* **JOHN A. KOEGEL** DATE: **1/6/97**

Signature type for the name of registered agent is not applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RAPAPORT, DAVID A.H.</b>	
STREET ADDRESS	<b>18 E. 48TH ST</b>	
CITY - ST - ZIP	<b>NEW YORK NY</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>KOEGEL, JOHN A.</b>	
STREET ADDRESS	<b>105 LIVE OAKS GARDENS</b>	
CITY - ST - ZIP	<b>CASSELBERRY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HARDYMON, ELLEN H.</b>	
STREET ADDRESS	<b>4675 WINTERSET DR.</b>	
CITY - ST - ZIP	<b>COLUMBUS OH</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>MORAN, MARTIN J.B.</b>	
STREET ADDRESS	<b>105 LIVE OAKS GARDENS</b>	
CITY - ST - ZIP	<b>CASSELBERRY, FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTIN, WILLIAM A.</b>	
STREET ADDRESS	<b>105 LIVE OAKS GARDEN</b>	
CITY - ST - ZIP	<b>CASSELBERRY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 included 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]* **JOHN A. KOEGEL** DATE: **1/6/97** DAYTIME PHONE: **407-2601003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)