Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90087 045 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	91	90	7
4 Corporation Name			\mathbf{v}	•

CROWN DEVELOPMENT & CONSTRUCTION, INC.

Principal Plac	ce of Business	Mailing Address		1 10011011 012 (012)	Agent and ment at the second and the	
332 NE 7TH A	V E	7275 NW 62 TERRACE				
FT LAUDERDAI	LE FL 33301	PARKLAND FL 33067		DO NOT W	RITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualifo		\neg
				08/03/1990		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	-1
1 //2	NE 3RD SHA	ef 26		65-0121393	Not Applicable	ē
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certifcate of Status Desired	Fee Required	
City & Sta	te 10-1-10 5	City & State		6. Election Campaign Financia	ng	
23 7-1.	Laureraan 10	28		Trust Fund Contribution	Added to Fees	4
Zip	Country	Zip	Country	8. This corporation owes the c		
²⁴ 333	25 00	29	30	Personal Property Tax.	Yes No	ᅴ
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New	w Registered Agent	\dashv
D∩I	NICK, HERBERT H		Name	urray Zweib		
	HOROWITZ AND ROLNICK		82 Street Ad	dress (P.O. Box Number is Not Acce		
	0 W COMMERCIAL BLVD #5		83	IS NW 62 TER	• •	\dashv
	LAUDERDALE FL 33319		°3 🗭		<u></u>	
1 1.	EAGDENDALE I E GOOTS		84 City	KLANd	FL 85 Zip Code 33067	
	to the provisions of Sections 607.0502	COZ 4509 Florido Statut				\dashv
office or	registered agent, or both, in the State of	of Florida. Such change was a	authorized by the corpora	tion's board of directors. I hereby ac	cept the appointment as registered	
agent. I a	am familiar with, and accept the obligati	ions of, Section 607.0505, Flo	orida Statutes.	0	1-20-99	
SIGNATURE		surs Horca	4J. Zweig, Registered Agent signature feet	red when reinstating)	DATE	
12.	Signature, typed or printed name of registered egent OFFICERS AND		13.		OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change ☐ Addition	on
NAME	ZWEIG, MURRAY J.		1.2 NAME			
STREET ADDRESS	TATE AND AS TEND		1.3 STREET ADDRESS			
CITY-ST-ZIP	PARKLAND FL		1.4 CITY-ST-ZIP			
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Additi	on
NAME	WEISS, HENRY		2.2 NAME			į
STREET ADDRESS	AGE AN IDAM ODNIE		2.3 STREET ADDRESS			ļ
CITY-ST-ZIP	FT LAUDERDALE FL		2. 4 CiTY-ST-ZiP		~ <u> </u>	
TITLE	71 21021121121	☐ DELETE	31 TITLE		☐ Change ☐ Additi	on
NAME			3.2 NAME			
STREET ADDRESS	5		3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4, CITY-ST-ZIP			
TITLE		☐ DELETÉ	4.1 TITLE	···	☐ Change ☐ Additi	on
NAME			4. 2 NAME		•	
STREET ADDRESS	3		4.3 STREET ADDRESS			
CITY-ST-ZIP			4 4 8 177 4 67 719			
TITLE			4.4 CITY-ST-ZIP			
NAME		☐ DELETE	5.1 TITLE		Change Additi	ION
STREET ADDRESS		☐ DELETE			☐ Change ☐ Additi	ion
•	3	☐ DELETE	5.1 TITLE		☐ Change ☐ Additi	ION
CITY-ST-ZIP	5	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		-	
	5	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Additi	
CITY-ST-ZIP	5		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		-	

14. I 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: