

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

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M71398 (5)

1. Corporation Name
CROWN PRECISION TECHNOLOGIES, INC.

Principal Place of Business
7840 SO US 1
TITUSVILLE FL 32718-1719
US

Mailing Address
9300 ASHTON RD
PHILADELPHIA PA 19114-3464
US



2. Principal Place of Business 21 One Crown Way Suite, Apt. #, etc.		2a. Mailing Address 26 One Crown Way Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/07/1988	3a. Date of Last Report 04/23/1996
22 City & State 23 Philadelphia, PA 19154-4599		27 City & State 28 Philadelphia, PA		4. FEI Number 59-2879268	Applied For Not Applicable
24 19154-4599 25 USA		29 19154-4599 30 USA		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOODELL, B. DOUGLAS		1.2 NAME	
STREET ADDRESS 1200 NEWKIRK STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP BALTIMORE MD		1.4 CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> DELETE	2.1 TITLE S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KRZYZANOWSKI, RICHARD L		2.2 NAME Richard L. Krzyzanowski	
STREET ADDRESS 9300 ASHTON RD		2.3 STREET ADDRESS One Crown Way	
CITY-ST-ZIP PHILADELPHIA PA		2.4 CITY-ST-ZIP Philadelphia, PA 19154-4599	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AT	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME WATKEYS, EARL		3.2 NAME	
STREET ADDRESS 1200 NEWKIRK STR		3.3 STREET ADDRESS	
CITY-ST-ZIP BALTIMORE MD		3.4 CITY-ST-ZIP	
TITLE V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE A/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RUTHERFORD, ALAN W.		4.2 NAME William T. Gallagher	
STREET ADDRESS 9300 ASHTON ROAD		4.3 STREET ADDRESS One Crown Way	
CITY-ST-ZIP PHILADELPHIA PA		4.4 CITY-ST-ZIP Philadelphia, PA 19154-4599	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/29/97** Daytime Phone # **215-698-5340**

0007940

CR2E034 (9/96)