2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

of the corporation or the receiver or truste changed, or on an attachment with an ad

SIGNATURE:

Apr 20, 2004 8:00 am Secretary of State DOCUMENT # P00000035581 1. Entity Name 04-20-2004 90020 031 ***150.00 CROWN INVESTMENTS OF SO. FLA., INC. Principal Place of Business Mailing Address 3299 NW BOCA RATON BLVD, SUITE 200 PO BOX 811135 **BOCA RATON FL 33481 BOCA RATON FL 33431** 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) MOORE Applied For City & State City & State 4. FEI Number 65-1000434 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUSTINE, DAVID A 3299 NW BOCA RATON BLVD, SUITE 200 **BOCA RATON FL 33431** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 Rustine, David A. TITLE ☐ Delete TITLE ☐ Addition RUSTINE, DAVID A NAME N. Federal Huy, Steaos STREET ADDRESS 3299 NW BOCA RATON BLVD, SUITE 200 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431 CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete THUE ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if

ITED NAME OF SIGNING OFFICER OF DIRECTOR

FILED