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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P34522 1. Corporation Name

CROWN STERLING MANAGEMENT, INC.

SUITE 140 DALLAS TX 752 US	E ROAD 234	3210 BELT LINE ROAD SUITE 140 DALLAS TX 75234 US				DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 06/27/1991	S SPACE	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	\neg	Applied For
2126						75-2355880		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.7	5_Additional
22		27				5. Certificate of Status Desired	Fee	Required
City & Stat	le	City & State				6. Election Campaign Financing	\$5.0	0 May Be
23 28					Trust Fund Contribution	Added to Fees		
Zip			Country		· -	8. This corporation owes the current year In	stangible	1
24	25	29	30			Personal Property Tax.	🗌 Yes	X No
24	9. Name and Address of Curren					10. Name and Address of New Registered	l Agent	
ļ — — — — — — — — — — — — — — — — — — —				81	Name			
C.T.	CORPORATION		Ļ		<u> </u>	(D.O. B., 1)		
1200 SO. PINE ISLAND ROAD			}	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		1
PLA	NTATION FL 33324		h	83				
			L	İ_				
				84	City	Fl	85 Z	ip Code
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was au	ithorized	hv th	ne corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	ointment as	registered
ļ	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered A	Agent s	signature required	when reinstating) DATE		
12.	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: ID DIRECTORS	Registered A	Agent s	signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
12.	Signature, typed or printed name of registered ager				signature required		ND DIREC	
	Signature, typed or printed name of registered ager OFFICERS AN	ID DIRECTORS	13.	Æ	signature required			
TITLE NAME	Signature, typed or printed name of registered aper OFFICERS AN PD SWEENEY, CHARLES M.	ID DIRECTORS	13. 1.1 TITL 1.2 NAM	.E ME	signature required			
TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PD SWEENEY, CHARLES M. 55 MERCHANT ST #1500	ID DIRECTORS	13. 1.1 TITL 1.2 NAM	.E WE REET A	DORESS			
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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 conforation 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 any address with all other like empowered.

5 4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DALLAS TX

DELETE

972)280-0300

Addition

Change

CR2E034 (11/98)

≡ :::

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FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90211 003 ***150.00