## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State 

DIVISION OF CORPORATIONS

· 1996

DOCUMENT # P92000012908 (9)

Corporation Name

CROWN ASSET MANAGEMENT SERVICES, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

6416 MELALEUCA LANE LAKE WORTH FL 33463 6416 MELALEUCA LANE LAKE WORTH FL 33463



LAKE WORTH FL 33463			LAKE WORTH FL 33463			
					3. Date incorporated or Qualified 12/15/1992	3a. Date of last Report 04/06/1995
2. Principal Pla	ice of Business	2a.	Mailing Address		4. FEI Number 65-0382970	Applied For
21		26			05/0302870	Not Applicable
Sute, ApL ⊭ 22	t, etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State			City & State		6. Election Campaign Financing	
23		28	ŕ		Trust Fund Contribution	S5.00 May Be Added to Fees
Zp	Country		Zip	Country	8. This corporation has liability for	ntangible tax under s 199.032,
4	9. Name and Address of Curre	29		30	·	□No
	9. Name and Address of Curr	em negis	tered Agent	81 Name	10. Name and Address of New R	egistered Agent
6416 N	INBERG, MICHAEL H IELALEUCA LANE WORTH FL 33463				KOEGEL JOHN I dress (P.O. Box Number is Not Acceptable 34 LONG POND	A. DRIVE
				84 City 60	016-W00D	FL 85 Zip Code 32779
familiar witi	n, and accept the obligations of, Se	nga. Such etion 607.	i change was author 05 <mark>0</mark> 5, Florida Statute	ized by the corporation's bo es.	poration submits this statement for the pur pard of directors. Let eby liceage the appo	pose of changing its registered office pintment as registered agent. I am
SIGNATURE	JOHN A: KOEK Synakar, typist or printed minic of registered ago	iel,	THE IDEN ?	7 NOTE: Registered Agent signature requ	- Selver	<u></u>
2.	OFFICERS A			13.		CERS AND DIRECTORS IN 12
rif	D		DELETE	1. 1 TITLE	(10011010101010101010101010101010101010	☐ Change ☐ Addition
4ME	KOEGEL, JOHN A			1.2 NAME		
PREEL ADDRESS	1934 LONG POND DR			1.3 STREET ADDRESS		
1Y - S1 - ZiP	LONGWOOD FL 32779			1.4 CITY - ST - ZIP		
TLF	OO: DENIDEDO MIONAE		DELETE	2 1 TITLE		Change
ME .	GOLDENBERG, MICHAEL	H	/ -	22 NAME		
BEET ADDRESS	855 DOVER STREET			2 3 STREET ADDRESS		
TY-SI-ZIP	BOCA RATON FL			24 CITY-ST-ZIP		
LE			☐ DELETE	3 1 TIFLE		☐ Change ☐ Addition
IME .				3.2 NAME		
PEEL ADDIRESS				3.3 STREET ADDRESS	20000174	irano-
TY+ST ZiP				3.4 CITY - ST - ZIP	20000174 -03/18/96010	\$100\$
LF .			DELETE	4 1 TITLE	***200.00	Change Addition
M:				4 2 NAME		_
REFLADDRESS				43 STREET ADDRESS		
TY-ST-ZIP				4.4 CITY-ST-ZIP		
l F			☐ DELETE	5 1 TITLE		Change Addition
ME				5.2 NAME		
REFT ADDRESS				5.3 STREET ADDRESS		
γ · \$1 - 7:P				5.4 CITY - ST - ZIP		
ı F			DELETE.	6 1 TITLE		Change Addition
Mt			•	6.2 NAME		F1 84 F1 10000001
HEFT ADOPESS				6.3 STREET ADDRESS		
[Y-ST-ZIP				64 CITY-ST-ZIP		
	certify that the information applied	with this f	filing is voluntarily fur	nished and does not qualify	for the exemption stated in Section 1197	7/3)/k) Florida Statutos I further
Octor to the total	a il ali onicei di director <b>u li</b> le chili	oration or	or supplemental and the receiver or trust achinent with an add	re embowered to exacute t	for the exemption stated in Section 119.0 rate and that my signature shall have the s his report as required by Chapter 607, Flo	same legal effect as if made under rida Statutes; and that my name

JOHN A. KOEGEL, PRESIDENT 1/17/96 407-260-100 3

INTED NAME OF SIGNING OFFICER OR DIRECTOR