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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300004668 (8)

CROWN REAL ESTATE, INC.

Principal Place of Business

Mailing Address

FILED
May 14 1998 8:00am
Secretary of State



r inicipal i laci	D OI Duaniess	Maining / Tool 000				
7031 N.W. TUI BOCA RATON		P.O. BOX 811135 BOCA RATON FL 33481-113	5			
50000			•	DO NOT WRITE IN THIS	S SPACE	
				3. Date Incorporated or Qualified		
				01/14/1993		
	lace of Business	2a. Mailing Address	113 5-	4. FEI Number	Ar	oplied For
21 4770	DW JND INE.	26 1.0. BUX 81	1135	65-0380516		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	•	Additional
22 SUIT	5 D	27		5. Continued of Citation Bookers	Fee Re	equired
City & State		Sity & State	FL	6. Election Cempaign Financing	\$5.00	May Be
23 60 Cf	A KATON, FC,	28 Boca Rayon		Trust Fund Contribution	Added	to Fees
Zip 24 3347	31 25 U.S.A.	29 33481-1135 3	Country (J)		Yes [tangible] No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent	
RUSTINE, DAVID						
	H.W. TURTLE WALK			Address (P.O. Box Number is Not Acceptable)		
	CA RATON FL 33487		" " ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	170 N.W. DND AVE.		
			83			
			84 City C	WITHER D	es 7in	Code
			Ony (SOCA KATON, FL. F	L ** 考っ	3951
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 l	ts registered
office or registrated agont the description of the provisions of sections but noted and the pulpose of changing its registered of or or registrated agont. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.						
	La Jakus	tu Pres. Da	A. N	lustine 4/13/9	' Y	
SIGNATURE	Stinature, typed or printed harmout rejectived again		legistered Agent's gnature	required when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DPS	☐ D€LETE	1.1 1ITLE	DPS	Change	☐ Addition
NAME	Rustine, David		1.2 NAME	BUSTINE DAVID	(、 I
STREET ADDRESS	7031 N.W. TURTLE WALK		1.3 STREET ADDRESS	14770 NW 2NO AVE 300	LITEL	'
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CHY-S1-ZIP	PUSTINE, DAVID 4770 NW 2ND AVE, SO BOCA PATON, FC. 33	<u> 3431</u>	
TITLE		☐ DELETE	2 1 TITLE	•		Addition
NAME			2.2 NAME	,		
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY - ST - ZiP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	'		
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 City-St-ZiP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			į
			6.4 CITY-ST-ZIP			
CITY-ST-ZIP				od in Section 110 07/3\/ii) Florida Statutes, I further		

I. Thereby certify that the information supplied with this filling 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 trusted 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.