


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90020 028 ***150.00

DOCUMENT # P93000004668	
1. Entity Name CROWN REAL ESTATE, INC.	

Principal Place of Business 3299 NW 2 AVE #200 BOCA RATON FL 33431 US	Mailing Address PO BOX 811135 BOCA RATON FL 33481 US
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24049023



MOORE CR2E034 (11/03)

2. Principal Place of Business 7999 N. Federal Hwy Suite, Apt. #, etc. Apt 202 City & State Boca Raton, FL Zip 33487 Country US	3. Mailing Address P.O. Box 811135 Suite, Apt. #, etc. City & State Boca Raton, FL Zip 33481 Country USA
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4. FEI Number 65-0380516	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RUSTINE, DAVID 3299 NW 2 AVE #200 BOCA RATON FL 33431	7. Name and Address of New Registered Agent Name Rustine, David Street Address (P.O. Box Number is Not Acceptable) 7999 N. Federal Hwy Apt 202 City Boca Raton FL Zip Code 33487
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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 *By: David A. Rustine* (NOTE: Registered Agent signature required when reinstating) DATE *4/1/04*

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS RUSTINE, DAVID 3299 NW 2 AVE #200 BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPS Rustine, David 7999 N. Federal Hwy #202 Boca Raton, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *By: David A. Rustine* (NOTE: Registered Agent signature required when reinstating) DATE *4/1/04* Daytime Phone # *561-992-8000*

David A. Rustine, as president