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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P9300007115 (7)

SOUTHERN CROWN CORPORATION

FILED May 01 1998 8:00am Secretary of State



					: BB4 BBB4 BB4 BB4 B1
•		•			
DADI DAVE LE 35199		LAUT LAKE PL 32159		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				01/25/1993	
incipal Place of Busines	s	2a. Mailing Address		4. FEI Number	Applied For
21			1300	59-3160071	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 Certificate of Status Desired	\$8.75 Additional
22		27		<u> </u>	Fee Required
ty & State		- 1 .a.a. 1 A 1	/ r	6. Election Campaign Financing	\$5.00 May Be
	Country	a majorita de la companya de la comp	 		Added to Fees
· -	l			1	current year Intangible
	d Address of Currer		<u> </u>		
			81 Name	10,	
38238 CROWN PLACE			00 00 00 00	(D.O. B. W L : N	
			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
			83		
			OA City		leel 7% Oads
			84 City	F	85 Zip Code
ursuant to the provision	s of Sections 607.050	2 and 607.1508, Florida Statutes	the above-named corp	poration submits this statement for the purpos	e of changing its registered
i gent. I am fam iliar with,	and accept the oblig	ations of, Section 607.0505, Florid	nonzed by the corpora da Statutes.	tion's board or directors. I hereby accept the	appointment as registered
SIGNATURE _					
Signature typed or p					
	OF ICERS AN			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
T					Cusude Ct volument
	OWN PLACE				
LABVIAN					
D		DELETE			Change Addition
CLARK, MA	ARK				
LABO LAD					
		DELETE	31 TITLE		Change Addition
			32 NAME		
ADDRESS			3.3 STREET ADDRESS		1
T-ZIP			3.4. CITY-ST-ZIP		
		DELETE	4.1 TITLE		Change Addition
			4. 2 NAME		
ADDRESS			4.3 STREET ADDRESS		
T-ZIP			4.4 CITY - ST - ZIP		
		L_ DELETE	5.1 TITLE		Change Addition
			5.2 NAMÉ		
ADDRESS			5.3 STREET ADDRESS		
T-ZIP		ne. eee	5.4 CITY - ST - ZIP		
		☐ DELETE	6.1 TITLE		Change Addition
			6.2 NAME		
ADORESS			6.3 STREET ADDRESS		1
T-ZIP			6.4 CITY - ST - ZIP		
	incipal Place of Busines iite, Apt. #, etc. ty & State D 25 9, Name an TYLA, P. 38238 CROWN F LADY LAKE FL 3 D TYLA, P. 38238 CROWN F LADY LAKE FL 3 D TYLA, P. 38238 CROWN F LADY LAKE FL 3 D CLARK, M. ADDRESS 1-ZIP ADDRESS 1-ZIP	incipal Place of Business iite, Apt. #, etc. ty & State D	CROWN PLACE S2159 S8238 CROWN PLACE LADY LAKE FL 32159	Section Place of Elusinoss 2e, Marting Addross 26 P.O. Por 300	## COUNTY PLACE LADY LAKE RI. 32199 COUNTY Subject Subject

14. 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 corporation or the receiver of 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 plantage, or on an attachment with an address.