FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000027025 (4)

1. Corporate Name

CROWN DOOR CORP.

Principal Place of Business	Mailing Address
ONE N DALE MABRY SUITE 940 TAMPA FL 33609	ONE N DALE MABRY SUITE 940 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/13/1993	05/01/1994

4. FEI Number: 59-2538555 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

2. Principal Place of Business | 2a. Mailing Address

21 | 26

22 Suite, Apt. # etc. | 27 Suite, Apt. # etc.

23 City & State | 28 City & State

24 | 25 | 29 | 30

8. Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City — FL — 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 617.0502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	ORSINO, PHILIP S
STREET ADDRESS	4120 YONGE ST SUITE 402
CITY-ST-ZIP	NORTH YORK, ONTARIO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0293323 CP