

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90134 004 ***150.00

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000061673

1. Corporation Name
CROWN MANAGEMENT GROUP, INC.

Principal Place of Business
8201 N WICKHAM RD
MELBOURNE FL 32940
US

Mailing Address
572 MELLOWOOD AVE.
ORLANDO FL 32825



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 1041 Royal oak ct.		08/16/1994	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 Melbourne FL.		59-3262694	
24 Country		29 32940		Applied For	
		30 US		Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RUBINO, NICHOLAS J 535 VERSAILLES DR. SUITE 150 MAITLAND FL 32751		81 Name Michael M. Wallis	
		82 Street Address (P.O. Box Number is Not Acceptable) 1221 East New Haven Ave	
		83	
		84 City Melbourne FL	
		85 Zip Code 32901	

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE 1/6/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, DENNIS S	1.2 NAME	Dennis S. Brady
STREET ADDRESS	572 MELLOWOOD AVE.	1.3 STREET ADDRESS	1041 Royal oak ct.
CITY-ST-ZIP	ORLANDO FL 32825	1.4 CITY-ST-ZIP	Melbourne, FL. 32940
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMPTON, GREG	2.2 NAME	Greg Kempton
STREET ADDRESS	2039 SPANISH OAKS DR.	2.3 STREET ADDRESS	4530 Lemnox Blvd
CITY-ST-ZIP	HARVEY LA 70058	2.4 CITY-ST-ZIP	New Orleans, LA 70131
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNNICAN, ROBERT G	3.2 NAME	Robert G. Dunican
STREET ADDRESS	915 VALERIE DR	3.3 STREET ADDRESS	1255 Mountain Springs Rd.
CITY-ST-ZIP	NORTH LITTLE ROCK AR	3.4 CITY-ST-ZIP	Cabot, Ar. 72023
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMERMON, ROBERT W	4.2 NAME	
STREET ADDRESS	2267 WESTMINSTER TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99
Date

407
253-1339
Daytime Phone #

CR2E034 (11/98)