FILED

Sep 02, 1999 8:00 am Secretary of State

09-02-1999 90007 026 ***558.75

Mailing Address 801 LAUREL OAK DRIVE

PROFIT. **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000092743

1. Corporation Name

Principal Place of Business

801 LAUREL OAK DRIVE

CROWN DEVELOPMENTS, INC.

SUITE 710			SUITE 710				DO NOT WRITE IN THIS SPACE					
NAPLES FL 34108		NA US	NAPLES FL 34108				3. Date Incorporated or Qualifed					
US				12/23/1994								
2 Principal D	loop of Rusiness	29	Mailing Address				4. FEI Numb				Ar	plied For
- :	lace of Business	26	Walling Address				65-0545				⊢	t Applicable
21 Cuite And # ofe			Suite, Apt, #, etc.				1		Additional			
Suite, Apt. #, etc.			·				-5.= Certificate	of Status De	sired	-X		equired
City 8 State		27	City & State				6. Election C	ampaign Fig	ancina		\$5.00	Mov Bo
City & State	8	100	Only & Glate					d Contributio				to Fees
23 Tin	Country	28	Zip	Col	intry		8. This corpo		-	ent year l		
Zip ─_	,	Ь	Z.ID	30			· ·	Property Tax		eni year n	Yes	□No
24]	9. Name and Address of Curre	[29] nt Regist	tored Agent	30	Υ		10. Name and			Realstere		
	9. Name and Address of Curre	II regis	Tered Agent		81	Name						
WOO	DDWARD, MARK J				Ш							
SUITE 710			82 Street Ad			Street Addr	ess (P.O. Box No	, ,	Accepta	한 _ ~	10 6	11.0 71
						<u>~&</u> &/	Laure	2/ 1	aK_	וניועו.	ve, Su	DE IV
SUITE 640			83				:					
NAP	LES FL 34108				84	City 41	1-11 60				85 Zip	Code ~
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office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	hinol-I to a	la. Such change was al	utnonze	a ov ti	named corp he corporation	oration submits to on's board of dire	his statemen ctors. I herel	t fo <u>r the</u> by acce	purpose of the appoint	of changing its ointment as re	registered egistered
SIGNATURE							d the state of tings			DATE		
	Signature, typed or printed name of registered ag			: Registered	Agent	signature require	d when reinstating)	NCHANGES	TO OF		AND DIRECTO	ORS IN 12
12.	OFFICERS A	ND DIKE	DELETE	_	 -	-	ADDITION	3/OHANGE		i locito /	Change	Addition
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NAME	SCHNELLER, HANSUELI			1.2 N	AME							
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44 I basabu	certify that the information supplied v	with this fi	ling does not qualify for	r the eve	mntic	on stated in S	Section 119.07(3)	(i), Florida S	tatutes.	I further o	ertify that the	information
indicated officer or	on this angual report or dunnier flent	al annual eiver or l	Report is true and accurustee empowered to e	urate and execute t	d that his re	my signature port as requ	e shall have the s ired by Chapter 6	iame legal et i07, Florida :	tect as Statutes	ir made ur ; and that	nger oatn; tha	i am an
SIGNAT	URE: SYST	LU TO	ジスペジペトロ					ine a	24/	//		
	MANATINE AND TYPES	O DOMETICA	THE AF MANUE OFFICER	AD DIDE	TOP			Data	_		Daytime Phone #	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR