

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P95000007505 (7)

1. Corporation Name
CROWN SECURITY, INC.



Principal Place of Business
18905 NE MIAMI PLACE
NORTH MIAMI FL 33179

Mailing Address
18905 NE MIAMI PLACE
NORTH MIAMI FL 33179

3. Date Incorporated or Qualified 01/24/1995	3a. Date of Last Report
4. FEI Number 650553084	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

ADEBIYI, JIMI
18905 NE MIAMI PLACE
NORTH MIAMI FL 33179

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 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

Signature typed or printed name of registered agent and third applicant

(If only Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	NAME
NAME	STREET ADDRESS	12. NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	13. STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	2. TITLE	NAME
NAME	STREET ADDRESS	22. NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	23. STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	3. TITLE	NAME
NAME	STREET ADDRESS	32. NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	33. STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	4. TITLE	NAME
NAME	STREET ADDRESS	42. NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	43. STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	5. TITLE	NAME
NAME	STREET ADDRESS	52. NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	53. STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	6. TITLE	NAME
NAME	STREET ADDRESS	62. NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	63. STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	7. TITLE	NAME
NAME	STREET ADDRESS	72. NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	73. STREET ADDRESS	CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: JIMI ADEBIYI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 954-981-1342
Date Daytime Phone #

CR2E034 (12/95)