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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000013705 (5)

CROWN TRANSPORTATION AND LIMOUSINE INC.

FILED
May 18 1998 8:00am
Secretary of State



Principal Place	of Business		Mailing Address		11981	- 1 INDRIBURU BIND INTINI DANKA NAMBA NAMBA NAMBA AIRI ROOM NAMBA BIRA BARA				
5560 FORESTER POND AVENUE			5560 FORESTER POND AVENUE							
SARASOTA FL 34243			SARASOTA FL 34243]	50.407.	NOITE IN THIS		
						2 Data la	corporated or Qual	VRITE IN THIS	SPACE	
							6/1995	mea		•
2. Principal Pl	ace of Business		2a. Mailing Address	s		4. FEI Nur				pplied For
21 4610 BIMINI DR.			26 4610 BIMINI 1/R.				65-0673228			ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$9.75 Additional			
22			27			5. Certifica	ate of Status Desire	d 🔼	T	equired
City & State	2 1-	<i>a</i> .	City & State	<u>, </u>		6. Election	Campaign Financ	ing	\$5.00	May Be
23 5/4	IENTON,	ri.	28 SFADE	NTON,	<i>pu.</i>	Trust Fi	und Contribution			to Fees
- Zip	\vdash	ountry	- TOANI		ountry		rporation owes or h			
24 376	25	UPIT	29 2711	30	U>A		al Property Tax due			No.
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BLIDTON CITYLEN D. 81 Name 81 Name										
BURTON, STEVEN U							D. BY	AM_		
						Address (P.O. Box	Number is Not Acc	SPIETE		
SARASOTA FL 34243							HARITIME P	PHUL		
						BRADEN	BN. FL	_, 34	-210	
					84 City		7	FL	85 Zip	Code
11 Purcuant t	o the provisions of	Sections 607 0502	and 607.1508, Florida	Statutos the	atoue named	corporation submit	e this statement for		Senaino il	te registered
office or re	egistered agent, or	both, in the State of	f Florida. Such change ions of, Section 607.05	was authoriz	ed by the corp	oration's board of	directors. I hereby	accept he app	cintment as	registered
	n tantillar with, and	accept the objight	ions of, Section 607.05	us, riorida si: A AG	alules.	. / K.	1 -11	X) I	(16)	54.98
SIGNATURE	Signal of ryped or printer	name of registered agent	and tire if applicable	(NOTE Register	ec Agent signature	required when rainstating	472 3-4-	78 /	V	3470
12.	<u> </u>	OFFICERS AND		13			NS/CHANGES TO	OFFICERS AND	DIRECTOR	1S IN 12
TITLE	P		DELET	E 1.1	TITLE	VLESIDE	NI		Change	Addition
NAME	BURTON, STE	EVEN D	•	1.2	NAME	RURAM.	JASON I	D.	•	
STREET ADDRESS	5580 FORES1	'er pond aveni	Æ 1.3 <i>1</i>		STREET ADDRESS	400 B	JASON I MINI DR.	READER	MON F	ك . ا
CITY-ST-ZIP	SARASOTA F	L 34243		1.4	CITY-ST-ZIP	1800-191		D7117-1		34210
TITLE	TS -		DELE	E 2.1	TITLE				Change	☐ Addition
NAME	BURTON, SU	SAN C	,	2.2	NAME					
STREET ADDRESS	5560 FOREST	er pond aven	JE	23	STREET ADDRESS					
CITY-ST-ZIP	SARASOTA F	L 34243		2 4	C TY-ST-ZIP					
TITLE	-		☐ DELET	TE 3.1	TI"LE				Change	Addition
MME				3.2	N/IME					1
STREET ADDRESS				3.3	STREET ADDRESS					
CITY - ST - ZIP			· · · · · · · · · · · · · · · · · · ·		C TY-ST-ZIP					
TIFLE			☐ DELET	E 4.1	TI"LE				Change	Addition
NAME				4. 2	NAME					
STREET ADDRESS				4.3	STREET ADDRESS					
CITY-ST-ZIP					CITY - ST - ZIP					
TITLE			☐ DELET	E 5.1	TITLE				☐ Change	Addition
NAME				521	NAME					
STREET ADDRESS				5.3	STREET ADDRESS					
CITY-ST-ZIP					CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
TITLE			DELE1	E 611	TIFLE				Change	Addition
NAME				6.21	NVME					
STREET ADDRESS				6.3	STREET ADDRESS					Į
CITY - ST - ZIP					CITY-ST-ZIP					
14. I hereby or	ertify that the inforr	nation supplied with	n this filing does not qu	alify for the ex	cemption state:	d in Section 119.07	7(3)(i), Florida Statu	ites. I further ce	rtify that the	: information

4. I bereby 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:

THE DOWN THE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DISCORD

5-4-98

(941)358-0945 Daytime From # 0457756