

**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

DOCUMENT # **P95000016297 (0)**

1. Corporation Name

**NANCY E. CROWN, P.A.**



Principal Place of Business

Mailing Address

10519 PLAINVIEW CIRCLE  
BOCA RATON FL 33498

10519 PLAINVIEW CIRCLE  
BOCA RATON FL 33498

3. Date Incorporated or Qualified

02/27/1995

3a. Date of Last Report

2. Principal Place of Business

21 7251 W. Palmetto Pk.

2a. Mailing Address

21a. 7251 W. Palmetto Pk. Rd.

4. FEI Number

65-0567890

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 200

27 Suite 200

5. Certificate of Status Desired



\$8.75 Additional Fee Required

23 City & State Boca Raton, FL

28 City & State Boca Raton, FL

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

24 Zip 33433

25 Country USA

29 Zip 33433

30 Country USA

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes



9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROWN, NANCY E  
10519 PLAINVIEW CIRCLE  
BOCA RATON FL 33498

81 Name

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

7251 W. Palmetto Park Rd.

83 Suite 200

84 City

Boca Raton

85 FL

85 Zip Code

33433

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  DELETE  
NAME CROWN, NANCY E  
STREET ADDRESS 10519 PLAINVIEW CIRCLE  
CITY-ST-ZIP BOCA RATON FL 33498

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME D, Pres.  
1.3 STREET ADDRESS Crown, Nancy E.  
1.4 CITY-ST-ZIP 7251 W. Palmetto Park Rd., #200  
Boca Raton, FL 33433  Change  Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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: *Nancy E. Crown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy E. Crown, Pres 1/25/96 (407) 447-8750  
Date: Daytime Phone:

CR2E034 (12/95)