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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 20, 1999 8:00 am **Secretary of State**

02-20-1999 90033 025 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 1. Corporation Name	P95000047390
CROWN COLLECTIBL	.es and gifts, inc.

Principal Place of Business 7525 N.W. 61ST TERRACE #702 Mailing Address

PARKLAND FL 33067

7525 N.W. 61ST TERRACE #702 PARKLAND FL 33067

				3. Date Incorporated or Qualifed 06/19/1995	
2. Principal Place of	Business	2a. Mailing A	ddress	4. FEI Number	Applied For
21		26		59-3324813	Not Applicable
Suite, Apt. #, etc.		Suite, Apt	t. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & Sta	ate	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30		¥ZYes □No
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
			81 Name	<u> </u>	

TRUBATCH, PAUL 7525 N.W. 61ST TERRACE #702 PARKLAND FL 33067

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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if an	nolicable /NOTE B	ogietared Agent signature r	equired when reinstating) DATE			
12,	OFFICERS AND DIRECT	·	13.	t signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE	1.1 TITLE		Change	Addition	
NAME	TRUBATCH, PAUL		1.2 NAME				
STREET ADDRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP	PARKLAND FL 33067		1.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition	
NAME	TRUBATCH, BARBARA		2.2 NAME			•	
STREET ADDRESS	7525 N.W. 61ST TERRACE #702		2.3 STREET ADDRESS	,		1	
CITY-ST-ZIP	PARKLAND FL 33067		2. 4 CITY-ST-ZIP	الوجاد الدادات الحاد المستقولية أراز والمالية			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME			4. 2 NAME		•		
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition	
NAME			5.2 NAME]	
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS			1	
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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