

2-3-97 B-1262 XC  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000057641 (9)

1. Corporation Name  
GOLD CROWN EXCHANGE, INC.

Principal Place of Business  
GOLD CROWN EXCHANGE  
2785 S.E. 1ST CT., #2  
POMPANO BEACH FL 33062  
US

Mailing Address  
2785 S.E. 1ST CT.  
#2  
POMPANO BEACH FL 33062-5439  
US



2. Principal Place of Business

21 GOLD CROWN EXCHANGE, INC.

Suite, Apt. #, etc.

22 124 S. FEDERAL HWY STE 2-

City & State

23 Pompano Bch, FL

Zip

24 33062

Country

25 U.S.A.

2a. Mailing Address

26 SAME as #2

Suite, Apt. #, etc.

27 City & State

28 City & State

Zip

29

Country

30

3. Date Incorporated or Qualified

07/26/1995

3a. Date of Last Report

08/14/1996

4. FEI Number

65-0596096

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☒ \$5.00 May Be  
Added to Fees

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

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MALONE, CHARLES  
2117 CATHERINE DR  
#3  
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name

JAMES F. SABATHE

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

124 S. FEDERAL Highway STE 2-

83

84

Pompano Bch, FL

FL

85 Zip Code

33062

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 JAMES F. SABATHE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/97

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SABATHE, JAMES F.  
STREET ADDRESS 1507 ARGYIE DR., #107  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VP ☐ DELETE

NAME BROWN, WILLIAM T. JR.  
STREET ADDRESS 3839 CORAL TREE CIR,  
CITY-ST-ZIP COCONUT CREEK FL

TITLE TS ☐ DELETE

NAME YABLON, KENNETH M.  
STREET ADDRESS 2785 S.E. 1ST CT., #2  
CITY-ST-ZIP POMPANO BEACH FL

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

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 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:

JAMES F. SABATHE

1/13/97 954-785-6300

CR2E034 (9/96)