P.D. ck# 1894

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # P. 95000057641

1. Corporation Name
GOLD CROWN EXCHANGE INC.

Principal Place of Business / Mailing Address
GOLD CROWN EXCHANGE
124 SOUTH FEDERAL HWY
SUITE #2
POMPANO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6/26/95

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 65-074-5282 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CHARLIE MALONE
2117 CATHERINE DR. #3
DELRAY BEACH, FL 33445

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JAMES F. SABATHE'		1.2 NAME		
STREET ADDRESS	1507 ARGYLE DR. #107		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33312		1.4 CITY-ST-ZIP		
TITLE	VICE PRESIDENT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAM BROWN		2.2 NAME		
STREET ADDRESS	2785 S.E 1ST CT #3		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		2.4 CITY-ST-ZIP		
TITLE	SEC. TREASURER	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KENNETH YABLON		3.2 NAME		
STREET ADDRESS	2785 S.E 1ST CT. #2		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL. 33062		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		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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***150.00

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14. 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.

PRESIDENT
SIGNATURE: JAMES SABATHE' James F Sabathe 4/8/98 954-785-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)