

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 22 1997 8:00am
Secretary of State

DOCUMENT # P95000063324 (4)

1. Corporation Name
CROWN'S WAY SOUTH, INC.

Principal Place of Business
12 NORTH 254 TOWER ROAD
HAMPSHIRE IL 60140

Mailing Address
12 NORTH 254 TOWER ROAD
HAMPSHIRE IL 60140

3. Date Incorporated or Qualified
08/16/1995
3a. Date of Last Report
01/24/1996

2. Principal Place of Business
21 9400 N.W. 160th ST
Suite, Apt. #, etc.

2a. Mailing Address
26 12 NORTH 254 TOWER RD.
Suite, Apt. #, etc.

4. FEI Number
59-3339013
Applied For
Not Applicable

22 City & State
FAIRFIELD, IL
23 OCAVA FL. 34470

27 City & State
HAMPSHIRE IL
28 HAMPSHIRE IL

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip 34470
25 Country USA

29 Zip 60140
30 Country USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
WIECHENS, EUGENE A
445 NORTHEAST EIGHTH AVENUE
OCALA FL 34470

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DICIPLIA, RONALD A
12 NORTH 254 TOWER ROAD
HAMPSHIRE IL 60140
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DICIPLIA, JUDITH
12 NORTH 254 TOWER ROAD
HAMPSHIRE IL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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)(b), 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: *Ronald Dicipilia* SIGNATURE REQUIRED
DATE: 4/22/97 DAYTIME PHONE: 847-464-4060