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FILED

May 07 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 # P96000044665 (3)

1. Corporation Name

FOUR CROWNS PUB. INC.

Principal Place of Business

Mailing Address

6902 HANLEY RD  
TAMPA FL 33615

6902 HANLEY RD  
TAMPA FL 33634-3542



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEARSON, BRUCE E  
550 N REO ST  
SUITE 300  
TAMPA FL 33609

81 Name

MARTIN A PEDATA Esq

82

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

32660 U.S. Hwy 19 NORTH

83

84

City Palm Harbor

FL

85 Zip Code 33684

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

*Martin A Pedata*

MARTIN A PEDATA

4/21/97

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MULLER, SCOTT T	
STREET ADDRESS	8830 CHADWICK DR	
CITY- ST- ZIP	TAMPA FL 33635	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROE, PAUL	
STREET ADDRESS	6902 HANLEY RD	
CITY- ST- ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TODD TRAPP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add
1.3 STREET ADDRESS	1443 BENTLEY ST	
1.4 CITY- ST- ZIP	Clearwater FL 34615	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JEFFREY F BROWN	
2.3 STREET ADDRESS	5817 BITTER ORANGE AVE	
2.4 CITY- ST- ZIP	TAMPA FL 33634	
3.1 TITLE	SEC / TREAS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JUSTIN WESTFALL	
3.3 STREET ADDRESS	5302 Reflections PL. CT # 103	
3.4 CITY- ST- ZIP	TAMPA FL 33634	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Jeffrey F Brown* 4/21/97 813 249-5119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)