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

DOCUMENT # P96000075884 (2)

CROWN INVESTMENT ADVISORS, INC.

Principal Place of Business

Mailing Address

1219-A S. FRANKLIN CIRCLE CLEARWATER FL 34616 1219-A 8. FRANKLIN CIRCLE CLEARWATER FL 34616-5815

FILED Apr 16 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 3a. Date of Last Report

						09/11/1996	1	1/A	
	ace of Business	2a. Mailing Address			4. FEI Number			\pplied For	
<u> </u>		26				59-3405018		1	lot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suile, Apt. #, etc.			5. Certificate of Status Desired		7	Additional Regulred
City & State)	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		•	to Fees
Zip	Country	Zip	Coun	ilry		8. This corporation has liability for	intangible	tax under	s. 199.032.
24	25	29	30			· -] Yes [
	p. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	gistered	Agent	
: CRO	WN, WILLIAM E III			81	Name				
1219	-A S. FRANKLIN CIRCLE		1	32	Street Addre	ss (P.O. Box Number is Not Acceptab	ole)		
CLEARWATER FL 34616				OZ OFFICET AUG		iss (1.0. Dox Northber is Not Acceptal.	nc.y		
			Ĩ	33					
in y				34	Oit.			1221 20	6.1.
*: . **				34	City		FL	85 Zip	Code
11. Pursuant t	o the provisions of Sections 607.05	02 and 607.1508, Florida Stat	tutes, the abo	 1-0VC	named corpo	pration submits this statement for the p	urpose o	f changing	its registered
• Office or re	egistered agent, or both, in the Stat n familiar with, and accept the obli	e of Florida. Such change wa	s authorized	by ti	the corporation	on's board of directors. I hereby accep	of the app	ointment a	s registered
SIGNATURE _	in a coopt in our	gattoris st, coston cor tocos,	riorida citata	io.					
OIGINATURE .	Signature, typed or printed name of registered a	gent and title if applicable (N	O10 Hegistered	Agent	I signature require	d when reinstating)	DATE		···-
12	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	President	☐ DECETE	1.1 1/11	E				Change	Addition
NAME	William E. Crown	, III	1,2 NAM	1E					
STREET ADDRESS	.1219A S. Franklin		1,3 STR	DA 133	DORESS				
CITY-ST-ZIP	Clearwater, FL 3	4616	1.4 CITY	-\$1-	- 21P				
TITLE	Secretary/Treasu	rer 🗆 DELETE	2.1 TITL	F				☐ Change	☐ Addition
NAME	Robert E. Crown 1219A S. Franklin		2.2 NAM	1E					
STREET ADDRESS			2.3 STR6	EET AD	DDRESS				
CITY-ST-ZIP	Clearwater, FL 34	4616	2 4 CH1	Y-SI-	-ZIP				
TITLE		☐ DELETE	311111	E				☐ Change	Addition
NAME			3 2 NAM	lÉ	İ				
STREET ADDRESS			3 3 STH	EET AD	DDRESS				
CITY-ST-ZIP			3.4. CITY	r-ST-	- ZIP				
TITLE		☐ DELETE	4.1 TITLE	E				☐ Change	Addilion
NAME			4. 2 NAA	ΛE					
STREET ADDRESS			4.3 STRE	ET AD	DDRESS				
CITY-ST-ZIP			4.4 CITY	- 51-2	ZIP				
TITLE		DELETE	5.1 TOTLE	E.				Change	Addition
NAME			5.2 NAM	E					
STREET ADDRESS			5.3 STRE	ET AD	DORESS				
CITY-ST-ZIP			5.4 CHY						
TITLE		DELETE	6.1 TITLE			· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME			6.2 NAM	E				_	
STREET ADDRESS			6.3 STRE		DDRESS				
CITY-ST-ZIP			6.4 CITY						
	v certify that the information supplied	ed with this filing does not our				n Section 119.07(3)(i), Florida Statutes	Lfurther	certify the	the

I do letely bettily that the information supplied with this filing does not quality 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 changes or on an attachment with an address.