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 # P96000099158 (3)

CROWN INTERNATIONAL, INC.

Principal Place of Business 1085 TAMARIND WAY S.W. BOCA RATON FL 33486		Mailing Address 1085 TAMARIND WAY S.W. BOCA RATON FL 33486-5552		r reduinde ein reine diru deist desse deite inden tärkt stadt stadt 1914 febt	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 Scales Apt 4 sts		26		65-0716874 Not Applicable	
Suite. Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23	9 	City & State	•	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes 😨 No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Re	
	ees, ledyard h		81 Name		
1085 TAMARIND WAY S.W. BOCA RATON FL 33486				et Address (P.O. Box Number is Not Acceptable)	
			83		
			84 City		FL 85 Zip Code
omice or re	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change was	authorized by the con	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing its registered
SIGNATURE	,				
12.	Signature, typed or printed name of registered OFFICERS.	AND DIRECTORS (NO)	E: Registered Agent signature 13.	required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATÉ PEDE AND DIDECTORS IN 19
TITLE	011102107	DELETE	1.1 TITLE	P/D	Change Addition
NAME			1.2 NAME	Ledyard H. DeWees	
STREET ADDRESS			1.3 STREET ADDRESS	1085 Tamarind Way,	S.W.
CITY+ST-ZIP			1.4 CITY - ST - ZIP	Boca Raton, FL 334	86
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CH1-ST-ZIP			2. 4 CITY - ST - ZIP		
THIE		DELETE	3.1 TITLE		Change Addition
NAME CANCEL AND DESCRIPTION			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
DITY - ST - ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME			4. 2 NAME		C Starige C Monton
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - 7IP			4.4 CITY - ST - ZIP		
117LE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		·
STREET ADDRESS			5.3 STREET ADDRESS		
C-TY - ST - ZIP			5.4 CITY-ST-ZIP		
TATLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		•
CITY - ST - ZIP			6.4 CITY-ST-ZIP		
information Lam an of	n indicated on this annual report o	or supplemental annual report is to nor the receiver or trustee empoy	true and accurate and vered to execute this i	stated in Section 119.07(3)(i), Florida Statute of that my signature shall have the same lega report as required by Chapter 607, Florida S	al effect as if made under oath, that

(561) 368 - 1427

Daylitrie Phone # 0007021

FILED

Apr 29 1997 8:00am

Secretary of State