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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000099158 (3)

CROWN INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

1995-TAMARIND-WAY-G-W

1095 TAMARIND WAY S.W.

## **FILED** Apr 14 1998 8:00am Secretary of State

|--|--|

BOGA RATON	FL-23486	BOGA-RATON FL-33486		DO NOT WRITE IN THIS	SPACE		
				3. Date Incorporated or Qualified	017101:		
				12/06/1996			
2. Principal P	lace of Business	2a. Mailing Address	10	4. FEI Number	Applied For		
21 270	NM 3 Rd Court	26 270 NW 3	M Const	65-07.16874	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	·····	5. Certificate of Status Desired	\$8.75 Additional		
22		[27]		6. Cermicate of Status Desired	Fee Required		
City State	2+ B	City & State	h (5/	6. Election Campaign Financing	<b>\$5.00</b> May Be		
23 (5) 0 (9)	A KAJON I'L	28 DOCA (A	Country	Trust Fund Contribution	Added to Fees		
Zip 3 4	432 Total Country	32//23	J 6000	This corporation owes or has paid the cu Personal Property Tax due June 30.	rrent year Intangible		
24 / /	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered			
חרו	<del></del>		81 Name				
DEWEES, LEDYARD H							
<del>1085 TAMARIND WAY S.</del> W. B <del>OCA RATON FL 33486</del>			82 Street Add	dress (P.O. Box Number is Not Acceptable)			
	CATIATORTE COTOS		83	10 10 50 5			
İ			20 00		T-1 - 5		
			84 City	ICA RATON FL	_   85   Zip Code  -   33 4 3 2		
11. Pursuant t	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes	, the above-named cor	rporation submits this statement for the purpose o	f changing its registered		
office or re agent. La	<b>egister</b> ed agent, or both, in the State c m f <b>ami</b> liar with, and accept the obligat	f Florida, Such change was au ions of, Section 607.0505, Flori	thorized by the corpora da Statutes.	ation's board of directors. I hereby accept the app	ointment as registered		
SIGNATURE							
SIGNATURE	Signature, typical or printed manic of respectived agent	and the diapposable. (NOTE)	tegistered Agent signature requ				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PD	DELÉTE	1.1 TITLE		Change		
NAME	DEWEES, LEDYARD		1.2 NAME		<b>←</b>		
STREET ADDRESS	1085 TAMARIND WAY, SW		1.3 STREET ADDRESS	270 NW 3rd Cour	27(/27		
CITY-ST-ZIP	BOCA RATON FL	00.575	1.4 CHY-ST-ZIP	BOCK TOP, FC 3	13932		
TITLE		☐ DUTE1€	2 1 10 LF	·	Change    Addition		
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP		DELETE	2. 4 GITY - ST - ZIF 3.1 TITLE		☐ Change ☐ Addition		
TITLE		LJ DICCIC	3.2 NAME		Change Addition		
NAME OZOSET ADODESOS			1				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-7IP 4.1 TITLE		Change Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY- ST- 7/P				
TITLE		DELETE	5.1 TITLE		Change Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS		j		
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	61 TITLE		Change Addition		
NAME			62 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				
14. I hereby c	erlify that the information supplied with	this filing does not qualify for	the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I further ce	erlify 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 attaching that an address.							
Block 12 or Block 13 if changed for on an attachinght with an address.							