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

Mailing Address

270 NW 3RD CT

BOCA RATON FL 33432

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000099158**1. Corporation Name

Principal Place of Business

270 NW 3RD CT **BOCA RATON FL 33432**

CROWN INTERNATIONAL, INC.

US		US			DO NOT WRITE IN THIS SPACE		
		••			3. Date Incorporated or Qualifed 12/06/1996		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For		
21	idde of ogsiriess	26			65-0716874 Not Applica		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-		5. Certificate of Status Desired		
22		27					
City & Stat	e	City & State	_		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Intangible		
24	25	29	30		Personal Property Tax. ☐ Yes ☐ No		
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered Agent		
			;	31 Name			
2/0 NW 3RU UI				82 Street Address (P.O. Box Number is Not Acceptable)			
			[:	34 City	FI 85 Zip Code		
<u></u>							
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut of Florida, Such change was a	es, the about the contract of	ove-named by the corno	d corporation submits this statement for the purpose of changing its registere poration's board of directors. I hereby accept the appointment as registered		
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flo	rida Statut	es.			
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered agent	nt and title if applicable. (NOTE	: Registered A	gent signature re	e required when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD		1.1 TITL	E	PD □ Change X Add		
NAME	DEWEES, LEDYARD		1.2 NAN	E	Harry DiFrancesco		
STREET ADDRESS	ATA MINI ADD OT		1 3 STR	EET ADDRESS	a=a === a = -=		
CITY-ST-ZIP	BOCA RATON FL 33432		14 000	-ST-ZIP	Boca Raton, FL 33432		
TITLE		☐ DELETE	2.1 TITL		☐ Change ☐ Ad		
		_	2.2 NAM				
NAME			I.				
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			5.3 STR	EET ADDRESS	s		
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TITLE					Contained I Aut		
NAME			6.2 NAA				
STREET ADDRESS				EET ADDRESS	3		
CITY-ST-ZIP				'-ST-ZIP			
indicated officer or	on this annual report or supplemental	l annual report is true and accu iver or trustee empowered to e	urate and t execute thi	hat my sign s report as i	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information that I am an a sequence of the same legal effect as if made under oath, that I am an a required by Chapter 607, Florida Statutes; and that my name appears in red.		

SIGNATURE

FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90007 005 ***150.00