

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

FILED

Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000099800 (0)**

1. Corporation Name
N.B. CROWN, INC.



Principal Place of Business ONE SOUTHEAST THIRD AVENUE SUITE 2130 MIAMI FL 33131	Mailing Address ONE SOUTHEAST THIRD AVENUE SUITE 2130 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2060 Biscayne Blvd. Suite, Apt. #, etc. 22 Second Floor City & State 23 Miami, Florida Zip 24 33137	2a. Mailing Address 26 2060 Biscayne Blvd. Suite, Apt. #, etc. 27 Second Floor City & State 28 Miami, Florida Zip 29 33137
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3. Date Incorporated or Qualified 12/10/1996	4. FEI Number 65-0718238	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CHAVES, ROBERT A
M & W AGENTS, INC.
2101 CORPORATE BOULEVARD, SUITE 216
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name **Helfman, Stephen J.**
82 Street Address (P.O. Box Number is Not Acceptable)
2665 S. Bayshore Dr.
83 **Suite 420**
84 City **Miami FL**

FL 85 Zip Code
33133

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

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

(NOTE: Registered Agent signature required when reinstating)

Stephen Helfman

4/6/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAMAN, NORMAN	
STREET ADDRESS	ONE SOUTHEAST THIRD AVENUE, SUITE 2130	
CITY-ST-ZIP	MIAMI FL 33131	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Norman Braman
1.3 STREET ADDRESS	2060 Biscayne Blvd., 2nd Floor
1.4 CITY-ST-ZIP	Miami, Florida 33137-5024
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 *Norman Braman*

4/6/98

CR2E034 (10/97)