

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 # P97000000304 (0)
1. Corporation Name
CROWN DEVELOPMENT INTERNATIONAL, INC.

FILED

98 JUN -5 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

#2 SPRINGVIEW DRIVE, SPRING CREEK
CRAWFORDVILLE FL 32327

#2 SPRINGVIEW DRIVE, SPRING CREEK
CRAWFORDVILLE FL 32327

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/02/1997

4. FEI Number

59-267146

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BENTON, RICHARD E
1415 EAST PIEDMONT DRIVE
SUITE 4
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name

John A. Lenaerts

82 Street Address (P.O. Box Number is Not Acceptable)

83

#18 Leeward Dr E

84 City

Crawfordville

FL

85 Zip Code

32327

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/1/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME LENAERTS, JOHN A
STREET ADDRESS #2 SPRINGVIEW DRIVE, SPRING CREEK
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ DELETE

NAME SUBER, BRAD
STREET ADDRESS #2 SPRINGVIEW DRIVE, SPRING CREEK
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 18 LEEWARD DRIVE
1.4 CITY-ST-ZIP CRAWFORDVILLE, FL 32327

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 600002557766--3
2.4 CITY-ST-ZIP -06/12/98--01012--012
***150.00 ***150.00

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 Brad Suber Brad Suber 11/1/98 599-12323

CR2E034 (10/97)