

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

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>	FLORIDA DEPARTMENT OF STATE <b>Sandra B. Martham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000031058 (5)**

1. Corporation Name

**CROWN MARKETING INCENTIVES, INC.**

Principal Place of Business

17755 US HWY. N. STE. 100  
CLEARWATER FL 34624

Mailing Address

17755 US HWY. N. STE. 100  
CLEARWATER FL 34624

FILED  
Feb 16 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/01/1997**

4. EIN Number

**59-3431547**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

**\$5.00** May Be  
Added to Fees

Trust Fund Contribution

7. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.  Yes  No

8. Name and Address of Current Registered Agent

**COOK, DANIEL M  
17755 US HWY. N., STE. 100  
CLEARWATER FL 34624**

81 Name

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

83

84 City

**FL** 85 Zip Code  
**33764**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
<p>TITLE <b>D</b> NAME <b>COOK, DANIEL M</b> STREET ADDRESS <b>17755 US HWY. N., STE. 100</b> CITY-ST-ZIP <b>CLEARWATER FL 34624</b></p> <p><input type="checkbox"/> DELETE</p>		<p>1.1 TITLE <b>President</b> 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP</p> <p><b>Clearwater FL 33764</b></p> <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>		
<p>TITLE <b>D</b> NAME <b>LABELL, STEVEN W</b> STREET ADDRESS <b>17755 US HWY. N., STE. 100</b> CITY-ST-ZIP <b>CLEARWATER FL 34624</b></p> <p><input checked="" type="checkbox"/> DELETE</p>		<p>2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>		
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> DELETE</p>		<p>3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>		
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> DELETE</p>		<p>4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>		
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> DELETE</p>		<p>5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>		
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> DELETE</p>		<p>6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>		

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**

*Mr. Daniel Cook*

*1-2-98 8125161/000*

CR2E034 (10/97)