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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000031058

CROWN MARKETING INCENTIVES, INC.

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90003 006 ***300.00



							<u> </u>		
Principal Place of Business Mailing Address									
17755 US HWY, N., STE, 100 17755 US HWY, N., STE, 10									
CLEARWATER FL 33764				CLEARWATER FL 33764			DO NOT WRITE IN THIS SPACE		
US			US	US			Date Incorporated or Qualifed		
							04/01/1997		
3 Original Di	and of Pugg	2000	2a. Mailing A	Address			4. FEI Number		Applied For
2. Principal Place of Business			<u></u> ⊢				59-3431547	Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					Additional
	#, etc.		<u> </u>				5. Certifcate of Status Desired		Required
[22] 27]				City & State			E Florting Compaign Financing		0 May Be
City & State			_ ^	_ ′			Election Campaign Financing Trust Fund Contribution	•	d to Fees
Zip Country				Zip Country			This corporation owes the current year Intar		
			 	30	¬ .			Yes	□No
24	Q Marso	25	29 Current Registered Ag		<u> </u>		10. Name and Address of New Registered A		
	3. Name	and Address of	Julient Registered Ag		81	Name			
COOK, DANIEL M									
17755 US HWY. N., STE. 100					82 Street Address (P.O. Box Number is Not Acceptable)				
CLEARWATER FL 34624					83	ļ			
CLE	AUMAIEU	r L 34024			03				
					84	City	FL	85 Zij	p Code
office or re	aristered an	ent or both in the)7.0502 and 607 1508, State of Flonda. Such of obligations of, Section 6	change was auth	norized by	the corpora	orporation submits this statement for the purpose of clation's board of directors. I hereby accept the appoint	ment as	registered
SIGNATURE				_					
	Signature, typed		ared agent and title if applicable	(NOTE R		nt signature requ	ured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12
12.		OFFICE	RS AND DIRECTORS		13.			Chang	
TITLE	P		ļ	DELETE	1 1 TITLE	ļ			
NAME	COOK, D				12 NAME				
STREET ADDRESS		s hwy. n., ste.	100		ı	TADORESS			
CITY-ST-ZIP	CLEARW	ATER FL 33764			14 CITY-S	T-ZIP		[_] Change	e Addition
TITLE			1	☐ DELETE	21 TITLE			Cl cuard	e Clynonion
NAME					2.2 NAME				1
STREET ADDRESS					23 STREE	T ADDRESS			İ
CITY-ST-ZIP					2 4 CITY-	ST-ZIP			
TITLE				□ DELETE	3.1 TITLE			Change	e 🔲 Addition
NAME					32 NAME				
STREET ADDRESS					33STREE	T ADDRESS			1
CITY-ST-ZIP					34 CITY-	ST-ZIP			
TITLE				DELETE	4 1 TITLE			☐ Chang	e 🗀 Addition
NAME					4 2 NAME				
STREET ADDRESS					4 3 STREE	T ADDRESS			
CITY-ST-ZIP					4.4 CITY - S	T-ZIP			
TITLE			-	☐ DELETE	51 TITLE			Chang	e 🔲 Addition
NAME					52 NAME				j
STREET ADDRESS!					53STREE	T ADDRESS			ļ
CITY-ST-ZIP					5.4 CITY-9	T-ZIP			
TITLE				☐ DELETE	6 1 TITLE	-		☐ Chang	e Addition
NAME					62 NAME				
1					63 STREE	T ADDRESS			
STREET ADDRESS	1					1			}

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 chapsed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP