## 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 # **P97000058113**1. Corporation Name

KROWN GOLD, INC.

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90123 031 \*\*\*150.00



	e of Business	Mailing Address				· · · · · · · · · · · · · · · · · · ·	. :		
C/O KRONGOL	D AND TODD. P.A.	C/O KRONGOLD AND TOD	D. P.A.						
	CIRCLE 8TH FLOOR	201 ALHAMBRA CIRCLE 81	ALHAMBRA CIRCLE 8TH FLOOR			DO NOT WRITE IN THIS SPACE			
CORAL GABLES	S FL 33134	CORAL GABLES FL 33134				DO NOT WRITE IN THE	IIS SPACE		_
						<ol><li>Date Incorporated or Qualified</li></ol>			
						07/02/1997			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	<i>;</i> ]	Applied For	
21		26				65-0767956	🖂	Not Applicable	7
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.7	5 Additional	1
	m, 0.00.	27				5. Certifcate of Status Desired	• -	Required	
City & State		City & State				6. Election Campaign Financing	<b>\$5</b> (	00 May Be	1
Ĺ	e ,.	<b>⊢</b> ·				Trust Fund Contribution	•	ed to Fees	
23		28	Cour	man.				eu (0 ) 663	┨
Zip	Country Zip			Country		8. This corporation owes the current year		□N-	
24	25	29	30			Personal Property Tax.	Yes	□No	4
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Register	ad Agent		-
				81 Na	me				
	NGOLD, M. RONALD			82 Str	eet Addres	s (P.O. Box Number is Not Acceptable)			┪
C/0	KRONGOLD AND TODD, P.A.			-   -   -	oot muui be	o (c. con ranipol is not nooplasta)			
201	ALHAMBRA CIRCLE 8TH FLOOR			83	1110				7
COR	IAL GABLES FL 33134								_
	,			84 Cit	y		L 85 4	Zip Code	
								its assistand	4
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut of Florida, Such change was a	es, the al	bove-nan	ned corpor	ation submits this statement for the purpose 's board of directors. I hereby accept the ap	or changing pointment a	s registered	
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flo	rida Statı	utes.	o.po.a			•	
SIGNATURE	•						.:		ĺ
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	<b>—</b> · · · · · · · · · · · · · · · · · · ·	A	tree required to	then reinstating) DATE			ì
			Registered	Agent signa	rnie vedniken w				] ;
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			
	OFFICERS AND				ura required w		AND DIREC		
12.	D : :	DIRECTORS	13.	TLE					
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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, with all other like empowered.

4/27/99

305-446-3033