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 # **P97000078445**1. Corporation Name

CROWN CUSTOM COMPUTERS CORPORATION

Principal	Place of	Business
40000 01		

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90001 019 ***150.00



Principal Place	of Business	Mailing Address							
10289 OLIVER L	N	10289 OLIVER LN							
ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 334			111						
							WRITE IN THIS	SPACE	
						3. Date Incorporated or Qual	ted		J
						09/09/1997	 	 _	
	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
1 1004	'S BELVEDERE Rd.					65-0788730			Not Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desire	a · 🗇 🔭		Additional
	ITE 5	27	_						Required
City & State		City & State				6. Election Campaign Finance	ing □		O May Be
23 ROYAL PALM 1SEACH, FL, 28					Trust Fund Contribution		Added to Fees		
Zip	Country	Zip	Count	try		8. This corporation owes the	current year in	_	ايد
4 33411	25 USA	29 3	30			Personal Property Tax.		∐ Yes	IX No
	9. Name and Address of Current	Registered Agent				10. Name and Address of N	w Registered	Agent	
			8	B1 1	Name				
	C, STEVEN A		1	82 :	Street Addr	ess (P.O. Box Number is Not Acc	entable)		
	9 OLIVER LN		`	`	Office Moun	000 (1:0:00:10:10:10:10:10:10:10:10:10:10:10:			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ROY/	AL PALM BEACH FL 33411		[8	83					
			L		., .				
] [84 (City		FL	85 Zi	p Code
44 Durayant t	to the provisions of Sections 607.0502	and 607 1509 Florida Statutes	the abo		named com	oration submits this statement for	the nurpose of	changing	its registered
office or re	egistered agent, or both, in the State of namiliar with, and accept the obligation	Florida. Such change was aut	nonžed i	Dy the	e corporatio	on's board of directors. I hereby a	ccept the appo	ntment as	registered
SIGNATURE									
	Signature, typed or printed name of registered agent a		·	gent se	ignature required	when reinstating)	DATE	ID DIDEO	TODE IN 12
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO	OFFICERS A	T Chang	
TITLE	DPT	☐ DELETÉ	1.1 TITU		ļ			Chang	e Dyggigon
NAME	JILEK, STEVEN A		1.2 NAM	Æ					
STREET ADDRESS	10289 OLIVER LN		1.3 STR	EET AC	DORESS				ļ
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		1.4 CITY	Y-ST-Z	ZIP				
TITLE	DVS	☐ DELETE	2.1 TITL	E				Chang	e 🗌 Addition
NAME	SHOEMAN, ROGER W		2.2 NAM	Æ					_
STREET ADDRESS	9 CANAL WAY (BHR)		2.3 STR	REETAL	DDRESS	-			
CITY-ST-ZIP	OKEECHOBEE FL 34974		2.4 CIT	Y-ST-Z	ZIP (
TITLE		☐ DELETE	3.1 TITL					☐ Chang	e [] Additioπ
NAME			3.2 NAM	Æ					
STREET ADDRESS					DDRESS				
			3.4. CIT						
CITY-ST-ZIP		□ DELETE	4.1 TITL					☐ Chang	e Addition
TITLE		- Dec	4, 2 NAM					_	_
NAME									ŀ
STREET ADDRESS			1		DDRESS				
CITY-ST-ZIP		□ BELETE	4.4 CITY		ZIP			Chang	e Addition
TITLE		☐ DELETÉ	5.1 TITL				•	Chang	
NAME			5.2 NAM						}
STREET ADDRESS					DORESS		•		ļ
CITY-ST-ZIP			5.4 CITY		ZIP		·		
TITLE		☐ DELETÉ	6.1 TITL	.E.				Chang	e Addition
NAME			6.2 NAM	ИE		•			ì
STREET ADDRESS			6.3 STR	REET AL	DDRESS				

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.

6.4 CITY+ST-ZIP