

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

FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000100321 (3)**
1. Corporation Name
CROWNHILL, INC.

Principal Place of Business 5117 CASTELLO DRIVE SUITE 1 NAPLES FL 34103	Mailing Address 5117 CASTELLO DRIVE SUITE 1 NAPLES FL 34103
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/25/1997	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0996740	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent AMBURN, JAMES 5117 CASTELLO DRIVE SUITE 1 NAPLES FL 34103				8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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.				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE				10. Name and Address of New Registered Agent	
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	
1. TITLE D <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME KAPOSI, KLAUS DR.				1.2 NAME	
3. STREET ADDRESS 5117 CASTELLO DRIVE, SUITE 1				1.3 STREET ADDRESS	
4. CITY-ST-ZIP NAPLES FL 34103				1.4 CITY-ST-ZIP	
5. TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME				2.2 NAME	
7. STREET ADDRESS				2.3 STREET ADDRESS	
8. CITY-ST-ZIP				2.4 CITY-ST-ZIP	
9. TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME				3.2 NAME	
11. STREET ADDRESS				3.3 STREET ADDRESS	
12. CITY-ST-ZIP				3.4 CITY-ST-ZIP	
13. TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. NAME				4.2 NAME	
15. STREET ADDRESS				4.3 STREET ADDRESS	
16. CITY-ST-ZIP				4.4 CITY-ST-ZIP	
17. TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
18. NAME				5.2 NAME	
19. STREET ADDRESS				5.3 STREET ADDRESS	
20. CITY-ST-ZIP				5.4 CITY-ST-ZIP	
21. TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22. NAME				6.2 NAME	
23. STREET ADDRESS				6.3 STREET ADDRESS	
24. CITY-ST-ZIP				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)(l), 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:

Klaus Kaposi 2-26-98

CR2E034 (10/97)