

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000101425 (1)

1. Corporation Name

CROWNGATE WORLDWIDE INVESTMENT, INC.



Principal Place of Business

11302 SPRING COURT  
SUITE C  
TAMPA FL 33612

Mailing Address

11302 SPRING COURT  
SUITE C  
TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 11302 SPRING CT

2a. Mailing Address

26 P.O. BOX 17513

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 C

27

23 City & State  
TAMPA

28 City & State  
TAMPA

24 Zip  
33612

25 Country  
FL

29 Zip  
33682

30 Country  
FL

3. Date Incorporated or Qualified

11/26/1997

4. FEI Number

59-3483495

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

9. Name and Address of Current Registered Agent

COLE, KIMBERLY W CPA  
7628 NORTH 56TH STREET  
SUITE 15  
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name

COLE, KIMBERLY W CPA

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

7628 NORTH 56TH ST

83

SUITE 15

84 City

TAMPA

FL

85 Zip Code  
FL 33617

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 COLE, KIMBERLY W CPA

Signature: typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME THOMAS, PATRICK A  
STREET ADDRESS 11302 SPRING COURT, SUITE C  
CITY-ST-ZIP TAMPA FL 33612

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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 [Signature]

PATRICK THOMAS

813-972-3777

CR2E034 (10/97)