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 # P98000019391

1. Corporation Name

FLORIDA CROWN HOMES, INC.

Principal	Place	of	Business

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90001 030 ***150.00



Principal Place of Business	Mailing Address				
5550 15TH ST. EAST 5550 15TH ST. EAST BRADENTON FL 34203 BRADENTON FL 34203			DO NOT WRITE IN TH	IIS SPACE	
			3. Date Incorporated or Qualifed 02/27/1998		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
1	26		65-0827645	. Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 AdditionalFee Required-	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 4 25	Zip Co 29 30	untry	This corporation owes the current year Personal Property Tax.	Intangible X Yes □ No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
MATTHEWS, TERENCE		81 Name			
5190 26TH ST. WEST		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
STE. D Bradenton FL 34207		83	<u> </u>		
DIMPERIOR PE 3420/		84 City		85 Zip Code	

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	ANTE D	and a second standard to a	Pariting when (pinstation) DATE		\			
12.	OFFICERS AND DIRECTORS	typed or printed name or registered agent and title it applicable. (NOTE: Registered Agent and title it applicable.)						
TITLE	DELETE	1.1 TMLE .	P/S	☐ Change	Addition			
NAME (-	1.2 NAME	Haney, Michael D.					
		1,3 STREET ADDRESS	5550 15th Street, East					
STREET ADDRESS]			
CITY-ST-ZIP	☐ DELETE	1,4 CITY-ST-ZIP 2,1 TITLE	Bradenton, FL 34203	Change	Addition			
TITLE	D OFFEIT		V		X			
NAME		2.2 NAME	Moss, Larry G.		ĺ			
STREET ADDRESS		2.3 STREET ADDRESS	5550 15th Street, East					
CITY-ST-ZIP	-5	2. 4 CITY-ST-ZIP	Bradenton, FL 34203		C Addition			
TITLE	☐ DELETE	3.1 TITLE	T	☐ Change	Addition			
NAME		3.2 NAME	Haney, Dayna K.					
STREET ADDRESS		3,3 STREET ADDRESS	5550 15th Street, East					
CITY-ST-ZIP		3.4. CITY-ST-ZIP	Bradenton, FL 34203					
TITLE	☐ DELETE	4,1 πτLE		☐ Change	☐ Addition			
NAME		4, 2 NAME			J			
STREET ADDRESS		4,3 STREET ADDRESS						
CITY-ST-ZIP		4,4 CITY-ST-ZIP						
TITLE	DELETE	5.1 TITLE		☐ Change	☐ Addition			
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST-ZIP		5,4 CITY-ST-ZIP						
TITLE	DELETE	6.1 TITLE		☐ Change	Addition			
NAME .		6.2 NAME						
STREET ADORESS		6.3 STREET ADDRESS						
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)(i), Florida Statutes. I further certify that the information								

indicated on this annual report et 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 coporation 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.

SIGNATURE: