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

SIGNATURE NAME AND TYPED OF PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

PROFIT CORPORATION ANNUAL REPORT 1999  DOCUMENT # P98000038317  CROWN VERTICALS, INC.				99 JUL 26 AM SECRETARY OF	11: 17
Principal Place of Business Mailing Address				1 (85) 1001 110 1210 1011 0011 0011 0011 0011	10 11181 10180 11101 11011 1001 1001
		5104 S STATE ROAD : HOLLYWOOD FL 33314		DO NOT WRITE IN THIS  3. Date incorporated or Qualifed	S SPACE
<del>-</del>	lace of Business	2a. Mailing Address		04/27/1998 4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt #, etc.		6S-0833384.	Not Applicable \$8.75 Additional
22 City & Stat		City & State		5. Certificate of Status Desired	Fee Required
23]		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Ζiρ 29	Country 30	This corporation owes the current year In     Personal Property Tax.	ntangible
24		of Current Registered Agent	[30]	10. Name and Address of New Registered	
CORAL SPRINGS FL 33067  84 City  FL 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 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					
12. <sub>Mb</sub>	Signature, typed or printed name of re OFF1	cers and title if applicable (f	NOTE Registered Agent signature require 13.	ad when revisitating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QURESHI, NAHEED A 1735 NE 164TH STREI NORTH MIAMI BEACH		1 1 TITLE 12 NAME 13 STREET ADORESS 14 CITY-ST-ZIP	600002953 -08/06/99	ND DIRECTORS IN 12 (C) Change (C) Addition (C) Addition (C)
TITLE	NOTH MICHIEL DESCRIPTION	DELETE		****150.00	Change 50 00 Addition
NAME STREET ADDRESS CITY-ST-ZIP			2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP		
NAME STREET ADDRESS		( ) DELETE	32 NAME 33 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		[] DELETE	4.2 NAME 4.3 STREET ADDRESS	THE STATE OF THE S	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	52 NAME 53 STREET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS		DELETE	63 NAME 63 STREET ADDRESS	[   TS	☐ Change ☐ Addition
14. I hereby o	certify that the information so	upplied with this filing does not qualif	6 4 CITY-ST-ZIP fy for the exemption stated in	Section 119.07(3)(i), Florida Statutes, I further ce	ertify that the information

To:

Whom it may concern

From:

Naheed .A. Qureshi; President

Crown Vertical Inc.

Date:

July 7, 1999

Subject:

For filling the State Tax in the late month

I would like to Apologize for filling the State Tax in the month of July rather than in the month of April. Reason is because of the death in a family and I was out of the country. Besides I just got back in town and noticed that the State Tax has not been paid yet.

For that reason I would greatly appreciate it if you can excuse me from paying \$550.00, I am sure that it will not be late again.

Thank you so much for your time and understanding.

Sincerely,

Naheed .A. Qureshi