## 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 # P98000069434

I DALIL CROWN ENTERPRISES INC

J. PAUL	OHOWIN LINILIR TROLD, IN	O.				
Principal Place of Business Mailing Address						[
3016 N.E. 20TH WAY         3016 N.E. 20TH WAY           GAINESVILLE FL 32609         GAINESVILLE FL 32609						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 08/05/1998
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For Not Applicable
21	H -1-	26 Suite, Apt. #, etc.			~	\$8,75 Additional
Suite, Apt.	#, etc.	27				5. Certificate of Status Desired Fee Required
City & State	9	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country Zip		Cou	Country		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.  Yes No
241	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
				81	Name	
SALZMAN, ANTHONY J MOODY & SALZMAN, P.A.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
500 E. UNIVERSITY AVE., STE.A			83			
GAINESVILLE FL 32602				<b>A</b>	lost 7:n Code	
				84	City	FL 85 Zip Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized	by '	the corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered.
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered A					t signature require	d when reinstating) DATE
			13.	- tgui		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE 1.11			LE		☐ Change ☐ Addition
NAME	CROWN, J. PAUL	OWN, J. PAUL		ME		
STREET ADDRESS				REET	ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607		1.4 CIT	Y-ST	r-ZIP	
TITLE	D	☐ DELETE	2.1 111	LE		☐ Change ☐ Addition
NAME	CROWN, MARY ANN		2.2 NA	ME		
STREET ADDRESS	0.00 0 101 12.02		2.3 ST	REET	ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607		2. 4 CITY-		T-ZIP	
TITLE		☐ DELETE	3.1 111			☐ Change ☐ Addition
NAME				3.2 NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		- DELETE	3.4. CI		T- ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TIT			[] Citalize [] Addition
NAME			4. 2 N		1000555	
STREET ADDRESS			ı		ADDRESS	
CITY-ST-ZIP 44.CI TID F DELETE 5.1 TI				1 - ZIP	☐ Change ☐ Addition	
TITLE			5.1 III			_ 2G

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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



☐ DELETE

2-2-99 352-372-4644

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90060 017 \*\*\*150.00

☐ Addition