


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000015245 1. Entity Name FORT LAUDERDALE CROWN CENTER, INC.	
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Principal Place of Business 1475 W CYPRESS CREEK 202 FORT LAUDERDALE, FL 33304	Mailing Address 1475 W CYPRESS CREEK 202 FORT LAUDERDALE, FL 33304
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DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0921438	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HERTZ, CLIFFORD I
ONE NORTH CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000136612 04/28/04-80096-008 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOLDSTEIN, JAMES E 5882 NW 23 WAY BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GOLDSTEIN, KRISTINE 5882 NW 23 WAY BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHROEDER, ANDERSA 22 HESTER RA LONDON ENGLAND,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT BAND, ROBERT 1475 W. CYPRESS CREEK RD., STE 202 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James E. Goldstein* **4/26/04 954-771-6714**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #