2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000015245

1. Entity Name

FORT LAUDERDALE CROWN CENTER, INC.



Principal Place of Business

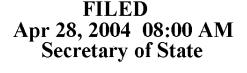
Mailing Address

1475 W CYPRESS CREEK

FORT LAUDERDALE, FL 33304

1475 W CYPRESS CREEK

FORT LAUDERDALE, FL 33304





DO NOT WRITE IN THIS SPACE

04262004 No Chg-P CR28

CR2E034 (10/03)

4. FEI Number 65-0921438 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address	of	Current	Reg	istered	Ager	ıt

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	I am familiar with, and accept
the obligations of registered agent.	

SIGNATURE.

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

(NOTE Registered Agent signature required when reinstating)

П

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000136612 04/28/04-80096-008 150.00

OFFICERS AND DIRECTORS 10. PΠ TITLE NAME GOLDSTEIN, JAMES E 5882 NW 23 WAY STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 TITLE NAME GOLDSTEIN, KRISTINE STREET ADDRESS 5882 NW 23 WAY CITY-ST-ZIP BOCA RATON, FL 33496 TITLE SCHROEDER, ANDERSA NAME STREET ADDRESS 22 HESTER RA CITY-ST-7IP LONDON ENGLAND, TITLE **VPT** NAME BAND, ROBERT STREET ADDRESS 1475 W. CYPRESS CREEK RD., STE 202 CITY-ST-ZIP FORT LAUDERDALE, FL 33309 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

DO NOT WRITE 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:

STREET ADDRESS CITY - ST - ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 954-771-6714