

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90236 043 ***150.00

DOCUMENT # S82773

1. Corporation Name
CROWN INCOME PROPERTIES, INC.

Principal Place of Business
5105 MISSION HILLS AVENUE
TAMPA FL 33617

Mailing Address
5105 MISSION HILLS AVENUE
TAMPA FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1991

4. FEI Number

65-0351315

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 2421 TERESA CIRCLE

26 2421 TERESA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 B

27 B

City & State

City & State

23 TAMPA FL

28 TAMPA FL

Zip

Country

Zip

Country

24 33629

25 USA

29 33629

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELKIND, MANUEL
5105 MISSION HILLS AVENUE
TAMPA FL 33617

81 Name

MANUEL ELKIND

82 Street Address (P.O. Box Number is Not Acceptable)

2421 TERESA CIRCLE B

83

84 City TAMPA

FL

85 Zip Code 33629

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

MANUEL ELKIND

4/30/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME ELKIND, MANUEL
STREET ADDRESS 5105 MISSION HILLS AVENUE
CITY-ST-ZIP TAMPA FL 33617

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2421 TERESA CIRCLE # B
1.4 CITY-ST-ZIP TAMPA - FL - 33629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL ELKIND

Date

4/30/99

Daytime Phone #

813-251-0895

CR2E034 (11/98)