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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Montham

Secretary of State

DIVISION OF CORPORATIONS

FILED
Jun 10 1997 8:00am
Secretary of State

DUCUMENT # V 13951						
CROWN SERVICES INC.						
Principal Place	e of Business	Mailing Addre				
1910 SW 85 AUE 1910 SW 85 A					V ∈	
MORTH LAUSTERBALTE MORTH HAUSTER					A.L.	-
Fh. 33068 Fh. 3306				3		3. Date incorporated or Qualified 3a. Date of Last Report
		e e man waasa wa				1962— 1996 4. FEI Number   L. Applied For
<u> </u>	ace of Business	2a. Mailing Ad	aress			4. FET Number   Applied For     Not Applied ble
Suite, Apt	#. elc.	Suite, Apt.	#, etc			S8 75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State	)	City & Stat	C			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zφ	L	Country	/	8. This corporation has liability for intangible tax under s. 199 032,  Florida Statutes Yes 14 10
24	9. Name and Address of Cur	29 29 Agen	[30]	T		Florida Statutes Li Yes Li No  10. Name and Address of New Registered Agent
A 19				81	Name	
I MEN II	LLE BULHAHAL	1		82	Stroot /	Address (P.O. Box Number is Not Acceptable)
1910	SILL 85 AVE				Jirde F	Address (1.0. Box Natinger is not Acceptancy
	haustrale F	1- 3306B		83		
` <b>«</b>				84	City	<b>₽</b> 85 Zip Code
44 5	- the	V 00 cod 007 1 00 C:	wide Ctetutee t	bo phou	L	corporation submits this statement for the purpose of changing its registered
agent. i ar SIGNATURE	m familiar with, and accept the ob	ligations of, Section 60	07.0505, Florida '	Statutes	S	poration's board of directors. I hereby accept the appointment as registered
	Signature: typed or printed name of registered	agent and tibe if applicable AND DIRECTORS	(NOTE Reg	psterca Age	ent signator.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	PRESIDENT		DELETE	1 ) TITLE	1	Change Addition
NAME	NEUILLE BUCH	AHAN		1.2 NAME		
STREET ADDRESS	1910 BUL 85 DI	TE.	l l	13 STREET	ADORESS	
CITY-ST-ZIP	HOTEL WAUDERDA			14 C/TY - S	ST - ZIP	
TITLE				2 1 TITLE	İ	Change Addition
NAME				2 2 NAME		
STREET ADDRESS				23 STRIET		
CITY-ST-ZIP TITLE		————	DELLTE	2.4 CHY-1 3.1 THLC	S1-7IP	Change Addition
NAME		_		3.2 NAME		
STREET ADDRESS				3351R[{1	ADORESS	
CITY-ST-ZIP				34 CHY-5	ŀ	
TITLE			DELETE	41 11111		Change Addition
NAME			ŀ	4.2 NAME		
STREET ADDRESS				4.3 STREET		·
CITY-ST-ZIP			DLCT.	4.4 CITY - S	31 - 7IP	NA) Q Tomos Training
TITLE		LJ		511lill		Change Addition
NAME				5.2 NAME	Aborne	1 1/10
STREET ADDRESS			Ī	53 \$1REFE	i	1
CITY-ST-ZIP			DELETE	54 CITY - S G 1 THLF	DI- AII	Chapoe ☐ Addition
NAME		<u> </u>		G 2 NAME		7000022118
STREET ADDRESS				63 STREET	LAUDRESS	+Ub/13/3(U1U5(U38
CITY-ST-ZIP				6 4 CHY - S		***165.00

14. I do hereby certify that the information supplied with this tiling 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 diffector 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 13 of Block 13 of changes, or on an attachment with an address.

SIGNATURE:

NEULLE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

BULLIAMAY 5 12 47 954 465-1061