FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 20 1996 8:00 am
Secretary of State

DOCUMENT # **G06359** (5)

1. Corporation Name
CROSBY ASSOCIATES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
C/O CYNTHIA D. GRIFFIN 3260 UNIVERSITY BLVD. SUITE 175 WINTER PARK FL 32793-6006	C/O CYNTHIA D. GRIFFIN 3260 UNIVERSITY BLVD. SUITE 175 WINTER PARK FL 32793-6006

3. Date Incorporated or Qualified: **10/28/1982**
3a. Date of Last Report: **02/07/1995**

2. Principal Place of Business	2a. Mailing Address
21 1700 PALM BEACH	26 C/O MARIE-CLAIRE GEORGE CENTENARY HOUSE
Suite, Apt. #, etc. LAKES BOULEVARD)	Suite, Apt. #, etc.
22 SUITE 700	27 5, HILL STREET
City & State	City & State
23 WEST PALM BEACH, FL	28 RICHMOND, SURREY
Zip / Country	Zip / Country
24 / 25 U.S.A.	29 TW9 1SP / 30 U.K.

4. FEI Number: **59-2232879** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of individual with authority to sign on behalf of corporation (Required) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	CUNNINGHAM, PAUL H		1.2 NAME	RICHARD TODD NEWTON	
STREET ADDRESS	1700 PALM BEAHC LAKES BLVD		1.3 STREET ADDRESS	1700 PALM BEACH LAKES BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 33401	
TITLE	S	☒ DELETE	2.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	GRIFFIN, CYNTHIA D		2.2 NAME	MARIE-CLAIRE GEORGE	
STREET ADDRESS	3260 UNIVERSITY BLVD.		2.3 STREET ADDRESS	CENTENARY HOUSE, 5, HILL STREET	
CITY-ST-ZIP	WINTER PARK FL 32792		2.4 CITY-ST-ZIP	RICHMOND, SURREY TW9 1SP. UK.	
TITLE		☐ DELETE	3.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME			3.2 NAME	NEIL ANTHONY CORKERY	
STREET ADDRESS			3.3 STREET ADDRESS	1700 PALM BEACH LAKES BLVD.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 33401	
TITLE		☐ DELETE	4.1 TITLE	VICE-PRESIDENT	☐ Change ☒ Addition
NAME			4.2 NAME	ROBERT GERARD CARA	
STREET ADDRESS			4.3 STREET ADDRESS	1700 PALM BEACH LAKES BLVD.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 33401	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: MARIE-CLAIRE GEORGE SECRETARY 4/6/96. 44 181 9487200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #