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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

SIGNATURE: X

DOCUMENT # \$80630

(4)

FLORIDA CROSSHILL, INC.

Principa! Place	e of Business	Mailing Address	Mailing Address			T TABLIAN THE TABLE BOOKS DIVER BELLIN	VIOII DEBH PARA	ANADI AHAN I	\$1 <b>\$</b> [	
1850 N.W. 33RD POMPANO BEA		1850 N.W. 33RD STREET POMPANO BEACH FL 33	IBSO N.W. 33RD STREET POMPANO BEACH FL 33064-1309							
						3. Date Incorporated or Qualified 09/11/1991	3a. Date of Last Report 05/01/1996			
<u> </u>	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			plied For	
21		26				65-0297158			t Applicable	
Suite, Apt 4		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	3	City & State	¬ ′			6. Election Campaign Financing Trust Fund Contribution	, , , , , , , , , , , , , , , , , , , ,			
23] Ζιρ				untry	<del></del>	8. This corporation has liability for it				
24	25	29	30			1 1 1	Yes 🔲 t		155.002,	
,	9. Name and Address of Curre		15.71			10. Name and Address of New Re				
RIST	MAKI, CHARLES			81	Name					
	D N.W. 33RD ST.			82	Street Ad	reet Address (P.O. Box Number is Not Acceptable)				
	APANO BEACH FL 33064			Ш	OHOGE TEL					
				83						
				84	City		51 (	B5 Zip (	Code	
	1 C-1 C-1 C-1 C-1 C-1 C-1 C-1 C-1 C-1 C-	100 H 007 4500 Fto He Otal	· 4b - 4	Ļ		the state of the s	<u> </u>		in the second	
office or re	edistered agent, or both, in the State	te of Florida. Such change was	authorize	ed by	the corpora	orporation submits this statement for the pration's board of directors. I hereby accep	urpose or cn it the appoin	anging id Iment as	s registerea registered	
agent Lar	im tamiliar with, and accept the oblig	gations of, Section 607,0505, F	lorida Sta	tutes	<b>3.</b>				•	
SIGNATURE	Signature Typed or printed name of registered ag	M. Alf	Tre basistar	-d 6or	and along burn par	quired when reinstating)	DATE			
12.		ND DIRECTORS	13.		or signature red	ADDITIONS/CHANGES TO OFFIC	· · · · · · · · · · · · · · · · · · ·	RECTOR	S IN 12	
TITLE	D	DELETE	1.1 7			ADDITIONS/OFFICES TO SETTE		Change	Addition	
NAME	RISTIMAKI, CHARLES			NAME			•	· · · · · · · · · · · · · · · · · · ·	- 10	
STREET ADDRESS	1850 N.W. 33RD STREET				ADDRESS					
CITY-S1-ZIP	POMPANO BEACH FL		2	CITY-S						
1016		DELETE	2.1 T		I EII			Change	Addition	
NAM?	1			NAME			-			
SIBELL ADDRESS					ADDRESS					
CITY - St ZIP	1			CITY - S	1					
HILE		☐ DELETE	3.1 T		77 2.0	, , , , , , , , , , , , , , , , , , , ,		Change	Addition	
NAMi		1	3.21	NAME			•			
STREET ADDRESS			3.3 \$	STREET	ADDRESS					
CHTY-51-ZH1	ĺ		34.1	CITY-S	ST-ZIP					
TilleF		DELETE	4.1 T					Change	Addition	
NAME			4.21	NAME						
STHEET ADDRESS	1	•	4.3 \$	STREET	ADDRESS					
CITY - ST - ZIP			4.4,0	CITY-S	iT-ZIP			_		
101.6		☐ DELETE	5.1 T	TLE				Change	Addition	
NAM?	İ		5.2 N	NAME	1					
STREET ADDRESS			5.3 \$	TREET	ADDRESS					
City-St-2iP	<u> </u>		5.4 C	CITY - S	,T-ZIP	-				
11/11/6		DELETE	6.1 T	TITLE	1		L	Change	Addition	
NAME			6.2 N	NAME						
STREET ADORESS			6.3 \$	STREET	ADDRESS					
CHY-St 74°	<u> </u>			CITY-S						
<ol> <li>14. Ldo hereb informatio</li> </ol>	by certify that the information suppli- to indicated on this annual report or	ed with this filing does not qua	lify for the	acci	mption state	ted in Section 119.07(3)(i), Florida Statutes nat my signature shall have the same lega	s. I further ce I effect as if	etify that I	the der oath: that	
Lam an of appears in	fficer or director of the corporation of Block 12 or Block 13 if changed	or the receiver or trustee empo on or an attachment with an ar	wered to ddress.	exec	ute this rep	nat my signature shall have the same lega port as required by Chapter 607, Florida S	tatutes; and	that my n	name	