

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra F. Mathias  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V23405 (6)**  
1. Corporation Name  
**CROSSROADS MARKET, INC.**



Principal Place of Business: **4200 GULF SHORE BLVD N NAPLES FL 33940**  
Mailing Address: **4200 GULF SHORE BLVD N NAPLES FL 33940**

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: **03/23/1992**  
3a. Date of Last Report: **03/30/1995**  
4. FEI Number: **65-0331926**  
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  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: **CATALANO, ANTHONY J. 4001 TAMiami TR N STE 404 NAPLES FL 33940**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0602 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 607.0602, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
12. OFFICERS AND DIRECTORS  
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	NAME	<b>LUTGERT, SCOTT F</b>	11 TITLE		12 NAME	
STREET ADDRESS		STREET ADDRESS	<b>4200 GULF SHORE BLVD, NORTH NAPLES FL</b>	13 STREET ADDRESS		14 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	<b>NAPLES FL</b>	15 CITY - ST - ZIP		16 NAME	
TITLE	<b>VPS</b>	NAME	<b>BAKER, RICHARD J</b>	17 TITLE		18 NAME	
STREET ADDRESS		STREET ADDRESS	<b>4200 GULF SHORE BLVD. NO NAPLES FL</b>	19 STREET ADDRESS		20 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	<b>NAPLES FL</b>	21 CITY - ST - ZIP		22 CITY - ST - ZIP	
TITLE	<b>VPT</b>	NAME	<b>GUTMAN, HOWARD B</b>	23 TITLE		24 NAME	
STREET ADDRESS		STREET ADDRESS	<b>4200 GULF SHORE BLVD, NO. NAPLES FL</b>	25 STREET ADDRESS		26 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	<b>NAPLES FL</b>	27 CITY - ST - ZIP		28 CITY - ST - ZIP	
TITLE		NAME		29 TITLE		30 NAME	
STREET ADDRESS		STREET ADDRESS		31 STREET ADDRESS		32 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		33 CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		NAME		35 TITLE		36 NAME	
STREET ADDRESS		STREET ADDRESS		37 STREET ADDRESS		38 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		39 CITY - ST - ZIP		40 CITY - ST - ZIP	
TITLE		NAME		41 TITLE		42 NAME	
STREET ADDRESS		STREET ADDRESS		43 STREET ADDRESS		44 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		45 CITY - ST - ZIP		46 CITY - ST - ZIP	
TITLE		NAME		47 TITLE		48 NAME	
STREET ADDRESS		STREET ADDRESS		49 STREET ADDRESS		50 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		51 CITY - ST - ZIP		52 CITY - ST - ZIP	
TITLE		NAME		53 TITLE		54 NAME	
STREET ADDRESS		STREET ADDRESS		55 STREET ADDRESS		56 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		57 CITY - ST - ZIP		58 CITY - ST - ZIP	
TITLE		NAME		59 TITLE		60 NAME	
STREET ADDRESS		STREET ADDRESS		61 STREET ADDRESS		62 STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		63 CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied in this report is true and correctly furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this report is true and correct, 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; that this report is true and correct; and that my signature is not empowered to exclude this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 if change of registered agent is indicated with an address.

SIGNATURE: **HOWARD B. GUTMAN** DATE: **3-22-96** (941) 261-6100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)