


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

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

05-05-1999 90147 031 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 370754

1. Corporation Name
CROSSLAND DEVELOPMENT CORP.

Principal Place of Business ATTN: J. PANCETTI % REPUBLIC - 452 5TH AVENUE NEW YORK NY 10018	Mailing Address ATTN: J. PANCETTI % REPUBLIC - 452 5TH AVENUE NEW YORK NY 10018
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Attn: N. Horwath Suite, Apt. #, etc. 22 % Republic - 452 5th Ave City & State 23 New York, NY Zip 24 10018 Country 25 USA		2a. Mailing Address 26 Attn: N. Horwath Suite, Apt. #, etc. 27 % Republic - 452 5th Ave City & State 28 New York NY Zip 29 10018 Country 30 USA		3. Date Incorporated or Qualified 10/05/1970 4. FEI Number 59-1378763 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301	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
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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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEZEGO, RICHARD C	1.2 NAME	
STREET ADDRESS	452 FIFTH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10018	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINEO, GASPAR J	2.2 NAME	Florence Stokes
STREET ADDRESS	452 FIFTH AVENUE	2.3 STREET ADDRESS	452 Fifth Avenue, 3rd Floor
CITY-ST-ZIP	NEW YORK NY 10018	2.4 CITY-ST-ZIP	New York, NY 10018
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIHANEK, EDWARD	3.2 NAME	
STREET ADDRESS	452 FIFTH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10018	3.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	P&T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANCETTI, JOHN S	4.2 NAME	Mineo, Gaspar J.
STREET ADDRESS	452 FIFTH AVENUE	4.3 STREET ADDRESS	452 Fifth Avenue, 3rd Floor
CITY-ST-ZIP	NEW YORK NY 10018	4.4 CITY-ST-ZIP	New York, NY 10018
TITLE	ST <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAINSBURY, EMMA	5.2 NAME	Nina Horwath
STREET ADDRESS	452 FIFTH AVENUE	5.3 STREET ADDRESS	452 Fifth Avenue, 3rd Floor
CITY-ST-ZIP	NEW YORK NY 10018	5.4 CITY-ST-ZIP	New York, NY 10018
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GASPAR J MINEO President

4-20-99

212-525-1143

Date

Daytime Phone #

CR2E034 (11/98)