PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 573667



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90025 021 ***150.00

CROSS & ASSOCIATES, PA Mailing Address Principal Place of Business 1700 PONCE DE LEON BLVD 1700 PONCE DE LEON BLVD CORAL GABLES FL 33134-4417 CORAL GABLES FL 33134-4417 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/25/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 <u>59-1824329</u> 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certifcate of Status Desired Fee Required 22 27 City & State -\$5.00 May Be Election Campaign Financing City & State П Added to Fees Trust Fund Contribution 28 23 Zip Country Zip Country 8. This corporation owes the current year Intangible □No 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CROSS, J. ALAN JR. Street Address (P.O. Box Number is Not Acceptable) 82 1702 PONCE DE LEON BLVD. CORAL GABLES FL 83 85 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change TITLE □ DELETE 1.1 TITLE CROSS, J.ALAN JR 1.2 NAME NAME 1700 PONCE DE LEON BLVD 1.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS ST-ZIP 2.4 CITY-ST-ZIP ☐ Change ☐ Addition -TT DELETE-3.1 TITLE ÅΕ 3.2 NAME NAME. 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADD RESS CITY-ST-ZIÍ 4.4 CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE ₹ 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADD RESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 angual 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 of 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 for on an attachment with an address, with all other like empowered.

R4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR : 6 1839

Daytime Phone #

CR2E034 (11/98)