


Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000002400 (7)			
1. Corporation Name CROSSLAND PROPERTIES, INC.			
Principal Place of Business 9811 MALLARD DR #213 LAUREL MD 20708		Mailing Address 9811 MALLARD DR #213 LAUREL MD 20708-3143	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation, agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE (Signature typed for printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required)			
12. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRAGER, JON J 9811 MALLARD DR #213 LAUREL MD 20708	<input type="checkbox"/> DELETE	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BENNETT, JOSEPH A 4020 HUCKLEBERRY ROW ELLCOTT CITY MD 21043	<input type="checkbox"/> DELETE	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COOK, MICHAEL S 6609 TULIP HILL TERR BETHESDA MD 20816	<input type="checkbox"/> DELETE	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY - ST - ZIP
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or as an attachment with an address.			
SIGNATURE:			