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May 01 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 # **G96483**

(4)

1. Corporation Name  
**CROSS CREEK ENTERPRISES, INC.**

Principal Place of Business  
**5101 DEL PRADO BLVD.  
CAPE CORAL FL 33904**

Mailing Address  
**5101 DEL PRADO BLVD.  
CAPE CORAL FL 33904-9716**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/17/1984</b>		3a. Date of Last Report <b>04/29/1996</b>	
21 Suite Apt #, etc.		26 Suite, Apt #, etc.		4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>GEMMILL, MAE E. 5101 DEL PRADO BLVD. CAPE CORAL FL 33904</b>				10. Name and Address of New Registered Agent			
81 Name							
82 Street Address (P.O. Box Number is Not Acceptable)							
83							
84 City				85 Zip Code <b>FL</b>			

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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD, SD, TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GEMMILL, MAE E.		1.2 NAME	GEMMILL, MAE E.			
STREET ADDRESS	5101 DEL PRADO BLVD.		1.3 STREET ADDRESS	5101 DEL PRADO BLVD			
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP	CAPE CORAL, FL 33904			
TITLE	<del>SD</del>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<del>STUMP, MARY</del>		2.2 NAME				
STREET ADDRESS	<del>531 SW 38TH TERRACE</del>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<del>CAPE CORAL FL</del>		2.4 CITY-ST-ZIP				
TITLE	<del>TD</del>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<del>STUMP, WILBUR</del>		3.2 NAME				
STREET ADDRESS	<del>531 SW 38TH TERRACE</del>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<del>CAPE CORAL FL</del>		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
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 do 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, or on an attachment with an address.

SIGNATURE: *Lo Mae E. Gemmill* **LO MAE E. GEMMILL** 4/24/97 941-574-0446  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
941-5493037

CR2E034 (9/96)