FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H42925** **(8)**

1. Corporation Name

CROSS CREEK INVESTMENTS, INC.

Principal Place of Business	Mailing Address
RT. 2 BOX 8000 SANTA ROSA BEACH FL 32459	RT. 2 BOX 8000 SANTA ROSA BEACH FL 32459

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1985	3a. Date of Last Report: 02/15/1994
2. Principal Place of Business — 21: 3409 W. Co. Hwy. 30-A	2a. Mailing Address — 26: 3409 W. Co. Hwy. 30-A
Suite, Apt. #, etc. — 22:	Suite, Apt. #, etc. — 27:
City & State — 23:	City & State — 28:
Zip — 24: / Country — 25:	Zip — 29: / Country — 30:

4. FEI Number: 59-2500698 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

JASIN, DAVID A.
ROUTE 2 BOX 8000
SANTA ROSA BEACH FL 32459

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable): 3409 W. Co. Hwy. 30-A

83:

84 City: **FL** 85 Zip Code:

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	MD	11 TITLE	MD	☒ Change ☐ Addition
NAME	JASIN, DAVID A.	12 NAME	Jasin, David A.	
STREET ADDRESS	RTE 2 BOX 8000	13 STREET ADDRESS	3409 W. Co. Hwy. 30-A	
CITY ST ZIP	SANTA ROSA BEACH FL	14 CITY-ST-ZIP	Santa Rosa Beach, FL 32459	
TITLE	PD	21 TITLE	PD	☒ Change ☐ Addition
NAME	JASIN, BETTY C.	22 NAME	Jasin, Betty C.	
STREET ADDRESS	RTE 2 BOX 8000	23 STREET ADDRESS	3409 W. Co. Hwy. 30-A	
CITY-ST-ZIP	SANTA ROSA BEACH FL	24 CITY-ST-ZIP	Santa Rosa Beach, FL 32459	
TITLE	STD	31 TITLE	STD	☒ Change ☐ Addition
NAME	MATHEWS, LILIANA	32 NAME	Mathews, Liliana	
STREET ADDRESS	5394 HWY 98 E	33 STREET ADDRESS	131 SW 91st Avenue, Apt # 301	
CITY-ST-ZIP	DESTIN FL	34 CITY-ST-ZIP	Plantation, FL	
TITLE		41 TITLE	STD	☒ Change ☐ Addition
NAME		42 NAME	Mathews, Liliana	
STREET ADDRESS		43 STREET ADDRESS	4000 Tower Side Terr. Apt. 1603 Quayside	
CITY ST ZIP		44 CITY-ST-ZIP	Miami, FL 33138	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Betty C. Jasin — 4/28/95 — (904) 267-323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BETTY C. JASIN

0411418 FP