FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 26, 1996 08:00 AM
Secretary of State

DOCUMENT # **J26011** **(3)**

1. Corporation Name

CROSSROADS MOBIL INC.

Principal Place of Business

3560 N. POWERLINE RD.
POMPANO BCH. FL 33060
US

Mailing Address

9528 LAKE SERENA DR.
BOCA RATON FL 33496
US

3. Date Incorporated or Qualified: **07/28/1986**

3a. Date of Last Report: **01/27/1995**

4. FEI Number: **59-2705128** ☐ 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

2. Principal Place of Business

21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MOUTSOPOULOS, ELIAS
9528 LAKE SERENA DR.
BOCA RATON FL 33496

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

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 of a member or agent of the corporation listed in Block 10 Date

12. OFFICERS AND DIRECTORS

TITLE	**PTD**	☐ DELETE
NAME	**MOUTSOPOULOS, ELIAS**	
STREET ADDRESS	**6978 W CALLE DEL PAZ**	
CITY-ST-ZIP	**BOCA RATON FL**	
TITLE	**P**	☐ DELETE
NAME	**MOUTSOPOULOS, PILAR**	
STREET ADDRESS	**6978 CALLE DEL PAZ**	
CITY-ST-ZIP	**BOCA RATON FL**	
TITLE	**ST**	☐ DELETE
NAME	**MOUTSOPOLULOS, MARIA E**	
STREET ADDRESS	**6978 CALLE DEL PAZ**	
CITY-ST-ZIP	**BOCA RATON FL**	
TITLE	**D**	☐ DELETE
NAME	**MOUTSOPOULOS, BAZIL**	
STREET ADDRESS	**6978 CALLE DEL PAZ**	
CITY-ST-ZIP	**BOCA RATON FL**	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change	☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	☐ Change	☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	☐ Change	☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	☐ Change	☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	☐ Change	☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	☐ Change	☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(k), 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 added in attachment with an address.

SIGNATURE: PR 3/21/96 954 9734505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)