

3-4-97 B 2514 NC
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Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33496-6517
US**

3. Date Incorporated or Qualified 07/28/1986	3a. Date of Last Report 03/26/1996
4. FEI Number 59-2705128	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**MOUTSPOULOS, 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, typed or printed name of registered agent and box if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MOUTSPOULOS, ELIAS	
STREET ADDRESS	6978 W CALLE DEL PAZ	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MOUTSPOULOS, PILAR	
STREET ADDRESS	6978 CALLE DEL PAZ	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MOUTSOPOLULOS, MARIA E	
STREET ADDRESS	6978 CALLE DEL PAZ	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOUTSPOULOS, BAZIL	
STREET ADDRESS	6978 CALLE DEL PAZ	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 at the receipt 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 of this report or on an attachment with an address.

SIGNATURE:

Elias Moutsopoulos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIAS MOUTSPOULOS

2/28/97 9549734585
Date Daytime Phone #

CR2E034 (9/96)