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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90111 029 \*\*\*150.00

DOCUMENT # J26011

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1986

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 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, with all other like empowered.

SIGNATURE:

ELIAS MOUTSOPOULOS 2/15/99 954 9734505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E034 (11/98)