

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J67004** (8)
1. Corporation Name
CROSSINGS INC.

Principal Place of Business P.O. BOX 1360 POMPANO BEACH FL 33061	Mailing Address P.O. BOX 1360 POMPANO BEACH FL 33061
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/06/1987	
25		29		4. FEI Number 65-0006606 Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BERNSTEIN, JOSEPH, L 2400 E. COMMERCIAL BLVD. SUITE 720 FT LAUDERDALE FL 33308				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			
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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	PST	<input type="checkbox"/> DELETE	1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LONG, MARY, KIM		1.2 NAME	LONG, MARY K			
STREET ADDRESS	P.O. BOX 1360 N/A		1.3 STREET ADDRESS	P.O. BOX 1360 N/A			
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	Pompano Beach, FL 33061			
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LONG, MARY KIM		2.2 NAME	FLORKOSKI, EDWARD S., JR.			
STREET ADDRESS	P.O. BOX 1360 N/A		2.3 STREET ADDRESS	P.O. Box 1360 N/A			
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33061	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE				
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			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 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: Edward S. Florkoski, Jr. Edward S. Florkoski, Jr. 4/24/98 (954) 973-9229

CR2E034 (10/97)