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
1995 MAY -1 PM 6:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****208.75 ****208.75
DO NOT WRITE IN THIS SPACE

Original Not Received

DOCUMENT # K15233

1. Corporation Name
Crosby Systems Inc
D&W Wright Way Acctg Service
8345 SW 187th Terrace
Miami FL 33157

Mailing Address
same

3. Date Incorporated or Qualified | 3a. Date of Last Report

Change

2. Principal Place of Business	2a. Mailing Address
21	26
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 65-0110504 — Applied For / Not Applicable

5. Certificate of Status Desired [X] **$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

Change

Edith Wright Crosby
8345 SW 187th Terrace
Miami FL 33157

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) ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President, Director	1 1 TITLE	[X] Change [■] Addition
NAME	Edith Wright Crosby	1 2 NAME	
STREET ADDRESS	8345 SW 187th Terrace	1 3 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33157	1 4 CITY-ST-ZIP	
TITLE	Vice-Pres, Director	2 1 TITLE	[X] Change [ ] Addition
NAME	Richard D Crosby	2 2 NAME	
STREET ADDRESS	8345 SW 187th Terrace	2 3 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33157	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	[ ] Change [ ] Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	[ ] Change [ ] Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	[ ] Change [ ] Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	[ ] Change [ ] Addition
NAME		6 2 NAME	JLA
STREET ADDRESS		6 3 STREET ADDRESS	5-1-95
CITY-ST-ZIP		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 exemption 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 on an attachment with an address.

SIGNATURE: Edith Wright Crosby — Edith Wright Crosby — 4/26/95 — 305-255-9777
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Title) (Daytime Phone #)

0420870 FP