


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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| PROFIT CORPORATION ANNUAL REPORT 1996 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Murnam Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # L20510 (8) 1. Corporation Name SOUTHCROSS, INC. | | | | | |
| Principal Place of Business 2111 N MONROE ST., SUITE 203 TALLAHASSEE FL 32303 | | Mailing Address 2111 N MONROE ST., SUITE 203 TALLAHASSEE FL 32303 | | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | | 3. Date Incorporated or Qualified 10/04/1989 3a. Date of Last Report 05/01/1995 4. FEI Number 59-2145670 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 checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent MOTTICE, HOMER J. 2111 N MONROE ST SUITE 203 TALLAHASSEE FL 32303 | | | | 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 607.1503, 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 date of signature (date of Registered Agent's signature must be on or after the date of filing) | | | | | |
| 12. OFFICERS AND DIRECTORS 12.1 TITLE <input type="checkbox"/> DELETE NAME DP MOTTICE, HOMER J. STREET ADDRESS 2111 N MONROE ST #203 CITY- ST- ZIP TALLAHASSEE FL 12.2 TITLE <input type="checkbox"/> DELETE NAME V MOTTICE, JOHN P STREET ADDRESS 2111 N. MONROE ST., #203 CITY- ST- ZIP TALLAHASSEE FL 12.3 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP 12.4 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP 12.5 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 | | | | | |



SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Homer J. Mottice

Day:

Daytime Phone:

CR2E034 (12/95)