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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 24 PM 12:10

DOCUMENT # **L43767** **(7)**

1. Corporation Name
CROSS-TEC MARKET SYSTEMS, INC.

Principal Place of Business	Mailing Address
2525D BAUSHORE BLVD. TAMPA FL 33629 US	P. O. BOX 1832 TAMPA FL 33601-1832 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/22/1990
3a. Date of Last Report: 08/08/1994

2. Principal Place of Business
21 3115 Gulf of Mexico Dr
Suite, Apt. #, etc.: 22 304
City & State: 23 Long Boat Key, FL
Zip: 24 34228 Country: 25 Sarasota

2a. Mailing Address
26 P.O. Box 8225
Suite, Apt. #, etc.: 27
City & State: 28 Long Boat Key
Zip: 29 34228 Country: 30

4. FEI Number: 59-2995750 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSS, CHARLES A
2525D BAYSHORE BLVD.
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3115 Gulf of Mexico Dr # 304
83
84 City: Long Boat Key FL 85 Zip Code: 34228

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	ROSS, CHARLES A	12 NAME	
STREET ADDRESS	2525 D. BAYSHORE BLVD.	13 STREET ADDRESS	3115 Gulf of Mexico Dr # 304
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Long Boat Key, FL 34228
TITLE	ST	21 TITLE	☒ Change ☐ Addition
NAME	BELL, ANITA V	22 NAME	Rose, Anita Verna
STREET ADDRESS	2525D BAUSHORE BLVD.	23 STREET ADDRESS	3115 Gulf of Mexico Dr #304
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	Long Boat Key, FL 34228
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Anita Verna Bell-Ross 3-32-95 813 387-7677
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Secl-Treas.

0418M1 FF