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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(0)

CROSSINGS LIQUORS, INC.

		1

FILED Jan 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
% CATHY FERNEY 5503 FRUITVILLE RD #911 5503 FRUITVILLE RD #911 SARASOTA FL 34232 SARASOTA FL 34232					DO NOT WRITE IN THIS SPACE		
SARASOIA	1. 34232	SARASOTA FL 34232			3. Date Incorporated or Qualified	3 SPACE	
					06/01/1990		
⊢ '	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 Suite 4-1	# at-	26			65-0197383	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip Country		8. This corporation owes or has paid the current year Intangible			
24	25	29 30		Personal Property Tax due June 30. 🔍 Yes 🗌 No			
<u></u>	9. Name and Address of Currer	nt Registered Agent		l Name	10. Name and Address of New Registered	d Agent	
	RNEY, CATHY		81				
5503 FRUITVILLE RD			82 Street Addre		ess (P.O. Box Number is Not Acceptable)		
ŀ	ACE #911		83				
J.A	RASOTA FL 34232						
			84	' '	F	Zip Code	
11. Pursuant	to the provisions of Sections 607.050	12 and 607.1508, Florida Statute	s, the abov	e-named corp	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered	
agent. I a	im familiar with, and accept the oblig	ations of, Section 607.0505, Flor	rida Statute	s.	ion's board of directors, I hereby accept the ap	pointment as registered	
SIGNATURE							
12,	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: ID DIRECTORS	Registered Ag	ent signature requir	ed when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTODO IN 40	
TITLE	PS	DELETE	1.1 TITLE	1	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition	
NAME	FERNEY, CATHY	<u> </u>	1.2 NAME				
STREET ADDRESS 16540 HONORE AVENUE			1.3 STREET ADDRESS				
CITY - ST - ZIP	SARASOTA FL	1,4 CiT					
TITLE	VT	☐ DELETE	2.1 TITLE			Change Addition	
NAME	ALBRITTON, MARY JANE		2.2 NAME				
STREET ADDRESS	4430 CAICOS COURT		2.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY-	ST-ZIP			
TITLE	VP	☐ DELETE	3.1 TITLE			Change Addition	
NAME	USKO, JANET		3.2 NAME				
STREET ADDRESS	3956 GATEWOOD AVE.		3.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	SARASOTA FL	DELETE	3.4. CITY - 4.1 TITLE	ST-ZIP		☐ Change ☐ Addition	
NAME			4, 2 NAME			T cuantie T vontrion	
STREET ADDRESS			1	T ADDRESS			
CITY - ST - ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE	51-21		Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S				
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME			6.2 NAME			f	
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S				
14 Iberehve	estitu that the information eupolied wi	ith this filing done not availfu for	the evemn	tion stated in S	Section 119 07/3)(i) Florida Statutes I further o	matter that the left was at an	

Indicated on this annual report or supplied with this hing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report for 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.