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

SIGNATURE:

Apr 28 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (9) CROSSROAD PROPERTIES, INC. Principal Place of Business Mailing Address 902 NW SUNSET TERRACE 902 NW SUNSET TERRACE **STUART FL 34994** STUART FL 34994 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/24/1988 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0076327 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Country Zip Country Zιρ 8. This corporation owes or has paid the current year Intangible 25 ☐ Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MORSE, DOUGLAS J. Name 902 NW SUNSET TERRACE Street Address (P.O. Box Number is Not Acceptable) STUART FL 34994 83 City 84 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. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11TITLE MORSE, DOROTHY SUE NAME 1.2 NAME 902 NW SUNSET TERRACE STREET ADDRESS 1.3 STREET ADORESS STUART FL CITY-ST-ZIP 1.4 C/TY-ST-ZIP DELETÉ Addition 2.1 THILE TITLE MORSE, DOUGLAS J. NAME 2.2 NAME 902 NW SUNSET TERRACE 2.3 STREET ADDRESS STREET ADDRESS STUART FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP ■ DELETE Change Addition 3.1 TITLE BREDENKAMP, JOHN HENRY NAME 3.2 NAME 902 NW SUNSET TERRACE STREET ADDRESS 3.3 STREET ADDRESS STUART FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 City-St-ZiP ☐ DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 suppliemental 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 employeered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in

**FILED**