

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004374 (3)**

1. Corporation Name

**BRAND OF THE CROSS, INC.**



Principal Place of Business	Mailing Address
1300 S FLAMINGO RD DAVIE FL 33325	1300 S FLAMINGO RD DAVIE FL 33325

3. Date Incorporated or Qualified

**09/11/1995**

4. FEI Number

**65-0681713**

☒ Applied For

☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDWARDS, NORMAN  
1300 S. FLAMINGO RD.  
DAVIE FL 33325**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>EDWARDS, NORMAN</b>	
STREET ADDRESS	<b>1300 S FLAMINGO RD</b>	
CITY-ST-ZIP	<b>DAVIE FL 33325</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>FLETCHER, MICHAEL</b>	
STREET ADDRESS	<b>1300 S FLAMINGO RD</b>	
CITY-ST-ZIP	<b>DAVIE FL 33325</b>	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	<b>DV</b>	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	<b>D1V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LUPO, KYLE</b>	
STREET ADDRESS	<b>13320 SW 28TH PL</b>	
CITY-ST-ZIP	<b>DAVIE FL 33330</b>	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	<b>Jeffrey Whalen</b>	
3.3 STREET ADDRESS	<b>14321 Mustang Trail</b>	
3.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33330</b>	

TITLE	<b>D2V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MAULE, GRAYSON</b>	
STREET ADDRESS	<b>1831 SW 139TH AVE</b>	
CITY-ST-ZIP	<b>DAVIE FL 33325</b>	

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.2 NAME	<b>D</b>	
4.3 STREET ADDRESS	<b>John Priestly</b>	
4.4 CITY-ST-ZIP	<b>1300 S. Flamingo Road</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.2 NAME	<b>ST</b>	
5.3 STREET ADDRESS	<b>Darlene Fletcher</b>	
5.4 CITY-ST-ZIP	<b>1300 S. Flamingo Road</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

14. I hereby 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (10/97)