

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P27556** (0)

1. Corporation Name

CROSSROADS INVESTORS CORPORATION



Principal Place of Business

**1201 MARKET STREET, SUITE 1403
WILMINGTON DE 19801**

Mailing Address

**1201 MARKET STREET, SUITE 1403
WILMINGTON DE 19801**

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt., Etc.

Suite, Apt., Etc.

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City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 609.01 and 609.02, Florida Statutes, this corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change shall be deemed to be a change of the corporation's board of directors. Thereby, a signed and appointed as registered agent, I am familiar with and accept the obligations of Sections 607.01 and 607.02, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1

NAME

**PD
ALZOUAN, SALEH F.
1201 MARKET ST. #1403
WILMINGTON DE**

[] OFFER

STREET ADDRESS

CITY-STATE-ZIP

12.2

NAME

**VPD
AL-HAROUN, ABDULWAHAB
1201 MARKET ST. #1403
WILMINGTON DE**

[] OFFER

STREET ADDRESS

CITY-STATE-ZIP

12.3

NAME

**VPTS
LANE, MICHAEL S
1201 MARKET ST. #1403
WILMINGTON DE**

[] OFFER

STREET ADDRESS

CITY-STATE-ZIP

12.4

NAME

**VPSD
HOWARD, DAVID G.
1201 MARKET ST. #1403
WILMINGTON DE**

[] OFFER

STREET ADDRESS

CITY-STATE-ZIP

12.5

NAME

STREET ADDRESS

CITY-STATE-ZIP

12.6

NAME

STREET ADDRESS

CITY-STATE-ZIP

12.7

NAME

STREET ADDRESS

CITY-STATE-ZIP

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14. I do hereby certify that the information supplied with this report was fairly furnished and does not qualify for the exemption stated in Section 119.04(3)(k), Florida Statutes. I further certify that the information and data in this report are true and correct, 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 have been or shall be prepared to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change of board after current year's address.

SIGNATURE: *Michael S. Lane*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael S. Lane
Vice President & Treasurer**

3/25/96

(404) 848-8000

CR2E034 (12/95)