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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

#201		#201				
DUNEDIN FL 34	4698	DUNEDIN FL 34698-1845	i	3. Date Incorporated or Qualified 3a. Date of Last Report		
				09/17/1993 04/23/1996		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied Fo)[
21		26		59-3205166 Not Applic	able	
Suite Apt.	# etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additions	ij	
City & State		City & State		Fee Required 6. Election Campaign Financing \$5.00 May Be		
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.03;	 2,	
24	25	29	30	Florida Statutes		
	9. Name and Address of Curre	ent Registered Agent	81 Na	10. Name and Address of New Registered Agent		
	ison, gail r 1 Michael Pl.		o Na	ante		
#20			62 Stre	reet Address (P.O. Box Number is Not Acceptable)		
	IEDIN FL 34698		83			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		B4 City			
			84 City	FL. 85 Zip Code		
office or r agent i a SIGNATURE.	egistered agent or both, in the Sta im familiar with, and accept the obli	te of Florida. Such change wa gations of. Section 607.0505,	s authorized by the Florida Statutes.	med corporation submits this statement for the purpose of changing its register corporation's board of directors. I hereby accept the appointment as register	ed	
12.	Signaturi, typist or printed name of registered a	igent and little if applicable (N ND DIRECTORS	OTE: Registered Agent sign	nature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	DELETE	1.1 TITLE	✓ Change ☐ Ado	dition	
MAME:	MUNSON, GAIL R		1.2 NAME			
STREET ADDRESS	2561 MICHAEL PL. #201		1.3 STREET ADDRE	aess 2651		
CITY-ST-ZIP	DUNEDIN FL 34698		1.4 CITY - ST - ZIP			
THILE		☐ DELETE	2.1 TITLE	L. Change L. Add	tition	
NAME Cross Accessor			2.2 NAME	200		
STREEL AUORESS			2.3 STREET ADDRE 2. 4 CITY-ST-ZIP			
CHY-S1-7IP THE		DELETE	3.5 TITLE	Change ☐ Ado	dition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRE	ness		
CITY - S1 - ZIP			3.4. CITY-ST-ZIP	P		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Ado	lition	
NAME			4 2 NAME			
\$TREET ADDRESS			4.3 STREET ADDRE			
CHY+S1+ZiP TITLE	111'4	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Add	dition	
NAM:		EJ ottere	5.2 NAME	C onside C von	IIII	
STREET ADDRESS			5.3 STREET ADDRI	RESS .		
CHY-ST-ZIP			5 4 CITY - ST - ZIP	l .		
TITLE		DELETÉ	6 1 TITLE	Change Ado	dition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRE	RESS		
CITY - ST - ZiF			64 CITY-ST-ZIP			
l informatio	on indicated on this annual report or	r supplemental annual report i	s true and accurate.	ion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the a and that my signature shall have the same legal effect as if made under oath	; that	
lamano	flicer or director of the corporation in Block 12 or Block 13 if changed,	or the receiver or trustee emp	owered to execute the ownered to be a secured to the ownered to th	this report as required by Chapter 607, Florida Statutes; and that my name 813-124_		

SIGNATURE:

ACIDE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CITY R. MUNSON 3/30/97

FILED Apr 04 1997 8:00am Secretary of State