FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000036746 (3)

1. Corporation Name
CROSS PROFESSIONAL SERVICES, INC.

Principal Place of Business
5148 CONROY ROAD. #1234
ORLANDO FL 32811

Mailing Address
5148 CONROY ROAD. #1234
ORLANDO FL 32811

3. Date Incorporated or Qualified: 05/12/1994
3a. Date of Last Report: 07/14/1995

2. Principal Place of Business
21 319 Crabtree Ave.
22 Suite, Apt. #, etc. —
23 City & State: Orlando, FL
24 Zip: 32835
25 Country: Orange

2a. Mailing Address
26 319 Crabtree Ave.
27 Suite, Apt. #, etc. —
28 City & State: Orlando, FL
29 Zip: 32835
30 Country: Orange

4. FEI Number: 59-3245800 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CROSS, PATRICIA
5148 CONROY RD
ORLANDO FL 32811

10. Name and Address of New Registered Agent
81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 319 Crabtree Ave.
83
84 City: Orlando FL
85 Zip Code: 32835

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.

SIGNATURE: Patricia L. Cross Patricia L. Cross 5/7/96
Signature, typed or printed name of registered agent or title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	CROSS, PATRICIA L	
STREET ADDRESS	5148 CONROY ROAD, #1234	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Same	☒ Change ☐ Addition
1.2 NAME	Same	
1.3 STREET ADDRESS	319 Crabtree Ave.	
1.4 CITY-ST-ZIP	Orlando, FL 32835	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***225.00
6-1-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia L. Cross Patricia L. Cross, President 5/7/96 (407) 426-2336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)