

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

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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000089695 (8)**

1. Corporation Name
CROSSROADS ENGINEERING & SURVEYING, INC.



Principal Place of Business 685 ROYAL PALM BCH BLVD SUITE 102 ROYAL PALM BCH FL 33411 US	Mailing Address 685 ROYAL PALM BCH BLVD SUITE 102 ROYAL PALM BCH FL 33411-7642 US
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3. Date Incorporated or Qualified 12/12/1994	3a. Date of Last Report 01/31/1996
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2. Principal Place of Business 21 1402 Royal Palm Bch Blvd. Suite, Apt. #, etc. 22 Suite 102 City & State 23 Royal Palm Beach, Florida Zip Country 24 33411 25 USA	2a. Mailing Address 26 1402 Royal Palm Bch Blvd. Suite, Apt. #, etc. 27 Suite 102 City & State 28 Royal Palm Beach, Florida Zip Country 29 33411 30 USA	4. FEI Number 65-0546459 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**GILLETTE, DANA I
685 ROYAL PALM BCH BLVD SUITE 102
ROYAL PALM BEACH FL 33411**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 1402 Royal Palm Beach Blvd., Suite 102	83	84 City Royal Palm Beach,	85 Zip Code FL 33411
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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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLETTE, DANA I	1.2 NAME	GILLETTE, DANA I.
STREET ADDRESS	685 ROYAL PALM BCH BLVD STE 102	1.3 STREET ADDRESS	1402 Royal Palm Beach Blvd., Suite 102
CITY-ST-ZIP	ROYAL PALM BEACH FL	1.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATH, KIMBERLY A	2.2 NAME	HEATH, KIMBERLY A.
STREET ADDRESS	685 ROYAL PALM BEACH BLVD STE 102	2.3 STREET ADDRESS	1402 Royal Palm Beach Blvd., Suite 102
CITY-ST-ZIP	ROYAL PALM BEACH FL	2.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEXTON, KAREN M	3.2 NAME	SEXTON, KAREN M.
STREET ADDRESS	685 ROYAL PALM BCH BLVD STE 102	3.3 STREET ADDRESS	1402 Royal Palm Beach Blvd., Suite 102
CITY-ST-ZIP	ROYAL BEACH FL	3.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	V P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES F NOTH	4.2 NAME	NOTH, JAMES F.
STREET ADDRESS	685 ROYAL PALM BEACH BLVD STE 102	4.3 STREET ADDRESS	1402 Royal Palm Beach Blvd., Suite 102
CITY-ST-ZIP	ROYAL PALM BEACH FL	4.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEXTON, MICHAEL F	5.2 NAME	SEXTON, MICHAEL F.
STREET ADDRESS	685 ROYAL PALM BEACH BLVD STE 102	5.3 STREET ADDRESS	1402 Royal Palm Beach Blvd., Suite 102
CITY-ST-ZIP	ROYAL PALM BEACH FL	5.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kimberly A. Heath* **Kimberly A. Heath** 4/24/97 561-753-9723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/05/97

CR2E034 (9/96)