

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 # **P95000025593 (1)**

1. Corporation Name

CRISS MANAGEMENT, INC.



Principal Place of Business

**4800 S.W. 64TH AVENUE
SUITE 106
DAVIE FL 33314**

Mailing Address

**4800 S.W. 64TH AVENUE
SUITE 106
DAVIE FL 33314**

2. Principal Place of Business

21 **11306 N.W. 15TH CL.**

Suite, Apt. #, etc.

22

City & State

23 **PEMBROKE PINES, FL.**

24 **33026**

Country

25 **U.S.**

2a. Mailing Address

26 **P.O. BOX 292157**

Suite, Apt. #, etc.

27

City & State

28 **DAVIE, FL.**

29 **33324-2157**

Country

30 **U.S.**

9. Name and Address of Current Registered Agent

KIROUAC, EDMOND

**4800 S.W. 64TH AVENUE
SUITE 106
DAVIE FL 33314**

3. Date Incorporated or Qualified

03/30/1995

3a. Date of Last Report

N/A

4. FEI Number

65-056 8063

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

10. Name and Address of New Registered Agent

81 Name

SAME

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

11306 N.W. 15TH CL.

83

84

PEMBROKE PINES FL

85 Zip Code

33026

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 the day provided

(NOTE: Registered Agent Signature required on this statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D KIROUAC, EDMOND**
STREET ADDRESS **10461 N.W. 18TH DRIVE**
CITY - ST - ZIP **PLANTATION FL 33322**

TITLE ☐ DELETE

NAME **D KIROUAC, VIRGINIA**
STREET ADDRESS **10461 N.W. 18TH DRIVE**
CITY - ST - ZIP **PLANTATION FL 33322**

TITLE ☐ DELETE

NAME **D WELLER, MARINA**
STREET ADDRESS **9384 N.W. 8TH CIRCLE**
CITY - ST - ZIP **PLANTATION FL 33324**

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 ☐ Change ☐ Addition

1.2 NAME **SAME**
1.3 STREET ADDRESS **11306 N.W. 15TH CL.**
1.4 CITY - ST - ZIP **PEMBROKE PINES, FL. 33026**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **SAME**
2.3 STREET ADDRESS **11306 N.W. 15TH CL.**
2.4 CITY - ST - ZIP **PEMBROKE PINES, FL. 33026**

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

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:

Marina Weller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARINA WELLER

4/19/96

954-431-5189
Daytime Phone #

CR2E034 (12/95)