


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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90065 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000028084					
1. Corporation Name Crossfam Investments, Inc					
Principal Place of Business 7694 La Corniche Circle Boca Raton FL 33433			Mailing Address 7694 La Corniche Circle Boca Raton FL 33433		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/95	
21		26		4. FEI Number 05-0574535	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution <input type="checkbox"/>	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24		25			
29		30			
9. Name and Address of Current Registered Agent Joel S. Cross 7694 La Corniche Circle Boca Raton FL 33433			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 85 Zip Code		
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 <input type="checkbox"/> DELETE					
TITLE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	1.2 NAME				
STREET ADDRESS	1.3 STREET ADDRESS				
CITY-ST-ZIP	1.4 CITY-ST-ZIP				
TITLE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	2.2 NAME				
STREET ADDRESS	2.3 STREET ADDRESS				
CITY-ST-ZIP	2.4 CITY-ST-ZIP				
TITLE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	3.2 NAME				
STREET ADDRESS	3.3 STREET ADDRESS				
CITY-ST-ZIP	3.4 CITY-ST-ZIP				
TITLE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	4.2 NAME				
STREET ADDRESS	4.3 STREET ADDRESS				
CITY-ST-ZIP	4.4 CITY-ST-ZIP				
TITLE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	5.2 NAME				
STREET ADDRESS	5.3 STREET ADDRESS				
CITY-ST-ZIP	5.4 CITY-ST-ZIP				
TITLE	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 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, with all other like empowered.

SIGNATURE: **Joel S. Cross** **Joel S. Cross** **2/6/99** **(561) 566-742**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)