

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 # P95000073182 (4)

1. Corporation Name

CROSS OCEANS, INC.



Principal Place of Business

Mailing Address

P O BOX 33192  
INDIALANTIC FL 32903-0192

P O BOX 33192  
INDIALANTIC FL 32903-0192

3. Date Incorporated or Qualified

09/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 904 WAVECREST AVE

26

4. FEI Number

59-3339892

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 B-12

27

5. Certificate of Status Desired

☐

\*\$8.75 Additional  
Fee Required

City & State

City & State

23 MELBOURNE FL

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 32903

25

USA

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, CHADLEY  
974 WAVECREST AVE B-12  
MELBOURNE FL 32903

81 Name

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

904 WAVECREST AVE B-12

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
D  
NGUYEN, HA T  
P O BOX 33192  
INDIALANTIC FL 32903-0192

TITLE ☐ DELETE

NAME  
D  
DAVIS, CHADLEY  
974 WAVECREST AVE #B-12  
MELBOURNE FL 32903

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1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96

407-725-1722

Date

Daytime Phone #

CR2E034 (12/95)