

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P95000075214 (3)**

1. Corporation Name  
**JAMES CROSS, INC.**



Principal Place of Business: **14741 S.W. 84TH COURT MIAMI FL 33158**  
Mailing Address: **14741 S.W. 84TH COURT MIAMI FL 33158**

3. Date Incorporated or Qualified: **10/01/1995**  
3a. Date of Last Report: **10/01/1995**  
4. FEI Number: **65-0610587**  
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

2. Principal Place of Business: **21 8775 SW 133 Street**  
Suite, Apt. #, etc:  
22. City & State: **23 Miami, FL**  
Zip: **24 33176** Country: **25 USA**  
2a. Mailing Address: **26 8775 SW 133 Street**  
Suite, Apt. #, etc:  
27. City & State: **28 Miami, FL**  
Zip: **29 33176** Country: **30 USA**

9. Name and Address of Current Registered Agent  
**CROSS, JAMES L  
14741 S.W. 84TH COURT  
MIAMI FL 33158**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Sign above typewritten name of registered agent and FEI if applicable. (FEI) Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>CROSS, JAMES L</b>	
STREET ADDRESS	<b>14741 S.W. 84TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33158</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	<b>P</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	<b>Cross, James L.</b>		
13 STREET ADDRESS	<b>14741 SW 84 Court</b>		
14 CITY-ST-ZIP	<b>Miami, FL 33158</b>		
21 TITLE	<b>V/T/S</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	<b>Cross, Chrisanne</b>		
23 STREET ADDRESS	<b>14741 SW 84 Court</b>		
24 CITY-ST-ZIP	<b>Miami, FL 33158</b>		
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Chrisanne T. Cross* **Chrisanne T. Cross** 7/24/96 305/254-2542  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #

CR2E034 (3/96)