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PROFIT CORPORATION ANNUAL REPORT

1997

CITY - ST - ZIP

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FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1997 8:00am

Secretary of State

Sandra B. Mortham
Secretary of State

Secretary of State →
DIVISION OF CORPORATIONS

DOCUMENT # P9600005887 (0) 1. Corporation Name

CROSSROADS CONSULTING, INC.

Principal Prace of Business Mailing Address 201 N NEW YORK AVE. SUITE 302 201 N NEW YORK AVE. SUITE 302 WINTER PARK FL 32789-3136 WINTER PARK FL 32789-3136 3. Date incorporated or Qualified 3a. Date of Last Report 01/19/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BORCHECK, MICHAEL S 201 N NEW YORK AVE, SUITE 302 82 Street Address (P.O. Box Number is Not Acceptable) **WINTER PARK FL 32789-3136** 83 84 City 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 proted 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 DELETE THILE 1.1 TITLE Change michael Borcheck ste 201 Micha NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP WisterPack, Fl 32789 CITY-ST-7:P DELETE Addition TITLE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change ☐ DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY-ST-ZIP

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

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