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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000011812 (0) 1, Corporation Name CNA CROSSING, INC.							
Principal Place of Business 2002 62ND STREET NOATH CLEARWATER FL 34620		Mailing Address 2002 62ND STREET NORTH CLEARWATER FL 34620-1815		1 10011001 110 10110 41111 30111 50111 00111 001151 11001 11001 10110 11011 11011			
					3. Date Incorporated or Qualified 02/02/1996	3a. Date of Las	st Report
<u> </u>	Principal Place of Business 2a. Mailing Address				4. FEI Number	71	Applied For
21 Suito Acr	1 26 Suite Apt. # etc. Suite, Apt. #, etc.			·····-	59-335765	60.7	Not Applicable 5 Additional
22 27					5. Certificate of Status Desired		Required
City & State City & State			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6. Election Campaign Financing		00 May Be
23	28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	4	This corporation has liability for Florida Statutes	intangible tax unde	ar s. 199.032,
24	25 g, Name and Address of Curr	29 ent Registered Agent	30		10. Name and Address of New Re		
20X CLI	LIBA, CAHRBEL 12 62ND STREET NORTH EARWATER FL 34620 to the provisions of Sections 607.03 registered agent, or both, in the Sta	502 and 607,1508, Florida State of Florida State of Florida. Such change willingtone of Society 607,650	83 84 atules, the abov as authorized by	Street Add	fress (P.O. Box Number is Not Acceptal poration submits this statement for the ation's board of directors. I hereby acce	FL 85 2	rip Code g its registered as registered
SIGNATURE.	Signature hypother printed hard of registored a	agent and little if applicable.			ulred when reinstating)	DATE	
12.	OFFICERS A	AND DIRECTORS DELETE	13.	Т-	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	
TITLE NAME	SALIBA, CHARBEL	F" DETER	1.1 TITLE 1.2 NAME			L Chan	ge L Addition
STREET ADDRESS	CARE AND ATREET MARY		1	T ADDRESS			i
CITY-SI-79P	CLEARWATER FL 34620		1.4 CITY -	1			i
TILE	V	DELETE	2.1 TITLE	51-211	······································	Chan	ge Addition
NAME	SALIBA, ANGELIQUE		22 NAME	ľ			· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	2002 62ND STREET NORTH		2.3 STREET	T ADDRESS			
City - St - 7IP	CLEARWATER FL 34820		2.4 CITY-	ST-ZIP			
TITLE	Ì	L.) DELETE	3.1 TITLE			∐ Chan	ge L. Addition
NAME			3.2 NAME				ı
STREET ADDRESS	Į.			T ADDRESS			}
CITY-ST-ZIP TITLE		DELETE	34. CITY- 41 TITLE	ST · ZIP	***************************************	Chan	ge Addition
NAME	1		4. 2 NAME	· i		<u>, </u>	an Francisco
STREET ADDRESS				T ADDRESS			1
CITY-ST-ZIP	{		4.4 CHTY-5				ĺ
Title		DELETE	5.1 TITLE			☐ Chan	ge Addition
NAME.			5.2 NAME	[•
STREET ADDRESS			5.3 STREET	T ADDRESS			ł
CITY+ST-ZIP			5.4 CiTY-5				
TITLE		☐ DELETE	6.1 TITLE			☐ Chan	ge Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	T ADDRESS			1
CITY-ST-ZIE			6.4 City-5	ST. 7IP			ŀ

14. Ido 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 receives or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if chapted, or open attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-97

Daytime Phone #

FILED

Apr 01 1997 8:00am

Secretary of State