

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90002 030 ***150.00

DOCUMENT # **P96000011812**

1. Corporation Name

CNA CROSSING, INC.



Principal Place of Business

**1900 N ROME AVE
TAMPA FL 33607
US**

Mailing Address

**1900 N ROME AVE
TAMPA, FL
CLEARWATER FL 33607
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1996

4. FEI Number

59-3357656

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

City & State

9. Name and Address of Current Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	CHEHAIBER, LABEEB	
STREET ADDRESS	1900 N. ROME AVENUE	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:

[Signature]

7-2-99

813-251-4308

CR2E034 (5/99)

JULY 7, 1999

P96000011812
588496-90002-30

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORTS FILINGS
P. O. BOX 1500
TALLAHASSEE, FL 32302-1500

REFERENCE: C.N.A. CROSSING, INC.
FEI NUMBER: 59-3357656

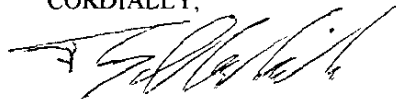
TO WHOM IT MAY CONCERN:

PER MY DISCUSSION, WITH ONE OF YOUR REPRESENTATIVES, ON JULY 7, 1999, I AM STATING IN WRITING THAT C.N.A. CROSSINGS, INC. NEVER RECEIVED THE FIRST NOTICE REQUESTING PAYMENT OF ANNUAL FEE. THEY TOLD US TO ISSUE A CHECK IN THE AMOUNT OF \$150.00.

ENCLOSED YOU WILL FIND, OUR CHECK NO. 1704, IN THE AMOUNT OF \$150.00. THIS IS FOR OUR ANNUAL FEE.

YOUR ASSISTANCE IS APPRECIATED. PLEASE DO NOT HESITATE TO CONTACT US AT THE ADDRESS OR PHONE NUMBER BELOW, IF FURTHER INFORMATION IS REQUIRED.

CORDIALLY,



C.N.A. CROSSING, INC.
1900 N. ROME AVE
TAMPA, FL 33607
(813) 251-4308

LABEEB CHEHAIBER
PRESIDENT

ENCL.