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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000024097 (3)

1. Corporation Name
CROSSLAND ENTERPRISES, INC.



Principal Place of Business
1000 PBIA
SUITE 108
W PALM BEACH FL 33406

Mailing Address
1000 PBIA
SUITE 108
W PALM BEACH FL 33406-1432

3. Date Incorporated or Qualified 03/18/1996	3a. Date of Last Report
4. FEI Number 65-0650125	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 2424 N. CONGRESS AVE	26 SAME
22 Suite, Apt. #, etc. STE C	27 Suite, Apt. #, etc.
23 City & State W. Palm Beach, FL	28 City & State
24 Zip 33409	29 Zip 33409
25 Country	30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DIETSCHY, WAYNE 1000 PHIA SUITE 108 W PALM BEACH FL 33406	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIETSCHY, WAYNE	1.2 NAME	
STREET ADDRESS	1000 PBIA SUITE 108	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33406	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDWELL, RONALD R	2.2 NAME	
STREET ADDRESS	1000 PBIA SUITE 108	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33406	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIVEN, JEFFREY	3.2 NAME	
STREET ADDRESS	1000 PBIA SUITE 108	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33406	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 _____ DATE _____

CR2E034 (9/96)