## 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 # P9600060941 (7)

CRISS TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

6700 NORTHWEST 36TH AVENUE

6700 NORTHWEST 36TH AVENUE

## **FILED** Apr 02 1997 8:00am Secretary of State



MIAMI FL 3314	47	MIAMI FL 33147-6502							
•	•					3. Date Incorporated or Qualified 07/15/1996	3a. Date	of Last F	report.
2. Principal P	Place of Business	2a. Mailing Address			<del></del>	4. FEI Number	_1	X	pplied For
21		26						ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat 23	le	City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cou	untry		8. This corporation has liability for	intangible ta	cunder s	. 199.032
24	25	29	30			Florida Statutes	] Yes 🔲	No	
	9. Name and Address of Current	t Registered Agent			·	10. Name and Address of New Re	gistered Ag	ent	
	RPORATION SERVICE COMPANY			81 1	Vame	Robert M. Corni	المد		
	1 HAYS STREET			82 5	Street Add	ress (P.O. Box Number is Not Acceptate	ole)_		
TAL	LAHASSEE FL 32301					3645 00 671	> <i>T</i>		
) mill				83		<b>M</b>			
				84 (	City	MIAMI	FL	35 Zip	\$%7 ·
11. Cursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the a	.Ll sbove-n	amed corp			وجے لیا۔ ianging i	ts registered
office or r	registered agent, or both, in the State of the State of the obligation with and agreed the obligations.	of Florida, Such change was tions of Section-€07.0505, Ft	authorize Iorida Sta	ed by th	e corporat	poration submits this statement for the patients board of directors. I hereby accept	ot the appoin	tment as	registered
SIGNATURE	S.M. Som	wal	Rdo	ert	M. C	ornwell (J.MR 2)	25 9"	)	
12.	Signature typod or printed name of registered agti- OF FICERS AND		11 : Registere 13,	od Agent s	ignature roqui	red when reinstating  ADDITIONS/CHANGES TO OFFIC	PEDS AND D	IDECTO	DC IN 12
TITLE	I D	DELETE	1.11	IT: F		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	GROSSMAN, ROBERT D		1.2 N		•		_	, ondingo	
STREET ADDRESS	6700 NORTHWEST 36TH AVEN	IUE	1	TREET ADI	narce .				
CITY-ST-ZIP	MIAMI FL 33147								
TITLE	DELETE			1.4 CHY-ST-ZIF 2.1 THLE		7 1100		Change	Addition
NAME			2.2 N	AME	Ì	•	-		-
STREET ADDRESS			2.3 \$	TREET ADI	DRESS				
CITY-ST-ZIP				DITY-ST-7					
TITLE	DEL		3.1 TITLE					Change	Addition
NAME			3.2 N	IAME					
STREET ADDRESS			335	TREET ADI	DRESS				
CITY-ST-ZIP			3 4. 0	CHY-SI-Z	916				
TITLE		☐ DELETE	4.1 Ti	ITLE				Change	noilibbA 🔲
NAME			4.21	NAME					
STREET ADDRESS			4.3 S	TREET ADI	DRESS				
CITY-ST-ZIP			4.4 C	114 - 81 - 7	ır .			···	
TITLE		☐ DELETE	5.1 10	ITLE				Change	Addition
NAME			52 N	IAME					
STREET ADDRESS			5.3 \$	TREET ADD	ORFSS				
CITY-ST-ZIP				114-51-7	IP			r	——————————————————————————————————————
TITLE		L_I DELETE	611				↓_	Change	Addition
NAME			6.2 N						
STREET ADDRESS		Λ	6.3 S	TREET ADI	oress				
CITY-ST-ZIP		//_		(TY - \$1 - 7		3 ( A			
14. I do herel informatio	by certify that the information supplied on this annual or sufficiency director of the annual parties of	upplemental annual report is I	ify for the true and	exemp	tion stated	d in Section 119.07(3)(i), Florida Statute I my signature shall have the same loga of as required by Chapter 607, Florida S	l effect as if i	made uni	the der oath; t