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FILED  
Jun 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000007635 (0)

1. Corporation Name

CRUZ BAIL BONDS, INC.



Principal Place of Business

Mailing Address

3181 SOUTH MILITARY TRAIL, SUITE #1  
LAKE WORTH FL 33463

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LAKE WORTH FL 33463

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1997

4. FEI Number

91-1758522

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YEEND, JOHN M  
1109 S. CONGRESS AVE  
WEST PALM BEACH FL 33406

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 if not identical to applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME ☐ DELETE

11 TITLE 12 NAME ☒ Change ☐ Addition

STREET ADDRESS

13 STREET ADDRESS

CITY-ST-ZIP

14 CITY-ST-ZIP

TITLE NAME ☐ DELETE

21 TITLE 22 NAME ☐ Change ☐ Addition

STREET ADDRESS

23 STREET ADDRESS

CITY-ST-ZIP

24 CITY-ST-ZIP

TITLE NAME ☐ DELETE

31 TITLE 32 NAME ☐ Change ☐ Addition

STREET ADDRESS

33 STREET ADDRESS

CITY-ST-ZIP

34 CITY-ST-ZIP

TITLE NAME ☐ DELETE

41 TITLE 42 NAME ☒ Change ☒ Addition

STREET ADDRESS

43 STREET ADDRESS

CITY-ST-ZIP

44 CITY-ST-ZIP

TITLE NAME ☐ DELETE

51 TITLE 52 NAME ☐ Change ☐ Addition

STREET ADDRESS

53 STREET ADDRESS

CITY-ST-ZIP

54 CITY-ST-ZIP

TITLE NAME ☐ DELETE

61 TITLE 62 NAME ☐ Change ☐ Addition

STREET ADDRESS

63 STREET ADDRESS

CITY-ST-ZIP

64 CITY-ST-ZIP

TITLE NAME ☐ DELETE

65 TITLE 66 NAME ☐ Change ☐ Addition

STREET ADDRESS

67 STREET ADDRESS

CITY-ST-ZIP

68 CITY-ST-ZIP

TITLE NAME ☐ DELETE

69 TITLE 70 NAME ☐ Change ☐ Addition

STREET ADDRESS

71 STREET ADDRESS

CITY-ST-ZIP

72 CITY-ST-ZIP

TITLE NAME ☐ DELETE

73 TITLE 74 NAME ☐ Change ☐ Addition

STREET ADDRESS

75 STREET ADDRESS

CITY-ST-ZIP

76 CITY-ST-ZIP

TITLE NAME ☐ DELETE

77 TITLE 78 NAME ☐ Change ☐ Addition

STREET ADDRESS

79 STREET ADDRESS

CITY-ST-ZIP

80 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.

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