Applied For

Not Applicable

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000007648 (3)

CROSSROADS TECHNICAL GROUP INC.

Principal Place of Business 2087 EDGEWATER DRIVE UNIT H

2. Principal Place of Business

CLEARWATER FL 34615

Mailing Address

2a. Mailing Address

2087 EDGEWATER DRIVE UNIT H CLEARWATER FL 34615

FILED

98 OCT 26 PM 1:42

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1997 4. FEI Number

59-

22 76		27 Suite, Apr. #, etc.		5. Certificate of Status Desired	Fee Required
City & Stat		City & State		6. Election Campaign Financing	
	SARWATOR, FE	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	e current year Intangible
24 33755 25 Pint & 29 30					
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
GILL	IAM, PHILLIP P		81 Name	ILL AM PHILLE P	<i>,</i>
2087	' EDGEWATER DRIVE UNIT H		81 Name PH LL P P 82 Street Address (P.O. Box Number is Not Acceptable)		
CLEARWATER FL 34615			712 Harbarulen Cane		
1			83		
			84 City		85 Zip Code
			1 6	- /1	FL 33770
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					
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 registers 4-agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	PRESIDENT/ COO	L DELETE	1.1 TITLE	4000026	Change Addition
NAME			_111/28/98811983084		gninggnn4
STREET ADDRESS 412 Harbon View Lang			1.3 STREET ADDRESS	****550,	
CITY-ST-ZIP	Largo, Fearing	<u> 33779 </u>	1.4 CITY-ST-ZIP		.00 ***********************************
TITLE	Largo, Fearing Thursty Rinzy Citheran	L DELETE	2.1 TITLE		Change Addition
NAME	ICAN III THE CALTON AL		2.2 NAME		
STREET ADDRESS	10/2 WE1/7/(120)	7 Z Z	2.3 STREET ADDRESS	,	
CITY-ST-ZIP	SAFETY HENVEY,	rz 39695	2.4 CITY-ST-ZIP	F 1742	
TITLE	VICE PRESIDENT	DELETE	3.1 TITLE	•	Change Addition
NAME	BESEERICKARD	_ 1	3.2 NAME		
STREET ADDRESS	7935 Carseway Sr. 15 ross Brice, Fo	الم هليا في	3.3 STREET ADDRESS		
CITY-ST-ZIP	SFIPERSTS BURG, F	<u> 38205</u>	3.4 City-St-Zip		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		-
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TELE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		\sim
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 oc 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:

8/15/91 (727)466-9220