FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9700009317**1. Corporation Name

CROSS BORDER CONSULTANTS, INC.

Principal Plac	e of Business	Mailing Address			4:11
315 SOUTH LA	KE DRIVE	505 S. FLAGLER DR.		,	
PALM BEACH F	FL 33480	STE. 900			
	,	W. PALM BEACH FL 33401	'	DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualifed 01/30/1997	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0726896	Not Applicable
Suite, Apt.	#, etc.	. Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22	_	27		5. Certificate of dialida bosired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible
24	25	29	30	Personal Property Tax.	X Yes □ No
	9. Name and Address of Curr			10. Name and Address of New Register	red Agent
			81 Name		
	SAY, ALAN	<u> </u>	82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	<u>-</u>
	ROYAL POINCIANA PLAZA SC	JUIH *	0.0007	Control of the contro	A # F
s PALI	M BEACH FL 33480		83	Figure 1919 Section 1919	新 斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯
**					\$6.300 \$1.60 \\ 1.300 \\ \tag{1.300 \\ \tag{1.3000 \\\ \tag{1.3000 \\ \tag{1.30000 \\ \tag{1.3000 \\ \tag{1.30000 \\ \tag{1.30000 \\\ \tag{1.30000 \\ \tag{1.30000 \\ \tag{
	4		84 City	Ţ	85 Zip Code
der som is so	21.603.00	C			
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obli	ite of Florida. Such change was a	authorized by the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap-	a of changing its registered opointment as registered
office or r	registered agent, or both, in the Sta am familiar with, and accept the obli	ite of Florida. Such change was a igations of, Section 607.0505, Flo	nuthorized by the corpora orida Statutes.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the appuised when reinstating)	ppointment as registered
agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obli Signature, typed or printed name of registered a	ite of Florida. Such change was a igations of, Section 607.0505, Flo	nuthorized by the corpora orida Statutes.	ation's board of directors. I nereby accept the ap	pointment as registered
agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obli Signature, typed or printed name of registered a	ite of Florida, Such change was a gations of, Section 607.0505, Flo	authorized by the corpora orida Statutes. E: Registered Agent signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	pointment as registered
signature 12.	registered agent, or both, in the Sta am familiar with, and accept the obli Signature, typed or printed name of registered a	ite of Florida. Such change was a gations of, Section 607.0505, Floring agent and title if applicable. (NOTE AND DIRECTORS	utnorized by the corpora orida Statutes. Registered Agent signature requ 13.	uired when reinstating)	AND DIRECTORS IN 12
signature 12. TITLE NAME	registered agent, or both, in the Sta arm familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS. D WEISER, JOEL	ite of Florida. Such change was a gations of, Section 607.0505, Floring agent and title if applicable. (NOTE AND DIRECTORS	E: Registered Agent signature request. 1.1 TITLE	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the Sta arm familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OF	ite of Florida. Such change was a gations of, Section 607.0505, Floring agent and title if applicable. (NOTE AND DIRECTORS	E: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Sta arm familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS. D WEISER, JOEL	ite of Florida. Such change was a gations of, Section 607.0505, Floring agent and title if applicable. (NOTE AND DIRECTORS	E: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Sta arm familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OF	ité of Florida. Such change was a gations of, Section 607.0505, Florida igations of Section 607.0505, Florida igation 607.0505, Florida igatio	E: Registered Agent signature required a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Sta arm familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OF	ité of Florida. Such change was a gations of, Section 607.0505, Florida igations of Section 607.0505, Florida igation 607.0505, Florida igatio	### Indicated by the corporation of the corporation	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the Sta arm familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OF	ité of Florida. Such change was a gations of, Section 607.0505, Florida igations of Section 607.0505, Florida igation 607.0505, Florida igatio	### In the Corporation of the Co	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Sta arm familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OFFICERS OF	ité of Florida. Such change was a gations of, Section 607.0505, Florida de la company	### Comports of the Corporation	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Sta arm familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS D WEISER, JOEL 315 SOUTH LAKE DRIVE PALM BEACH FL 33480	agent and title if applicable. (NOTE AND DIRECTORS DELETE	### CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	registered agent, or both, in the Sta arm familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS OFFICERS OFFI	agent and title if applicable. (NOTE AND DIRECTORS DELETE	INTO IZEC BY THE CORPORA I.3. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS	registered agent, or both, in the Sta arm familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS OFFICERS OFFI	agent and title if applicable. (NOTE AND DIRECTORS DELETE	INTO IZE DY THE CORPORA REPORT OF THE CORPORA 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition
Office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Sta arm familiar with, and accept the obling Signature, typed or printed name of registered at OFFICERS. D WEISER, JOEL 315 SOUTH LAKE DRIVE PALM BEACH FL 33480	agent and title if applicable. (NOTE AND DIRECTORS DELETE	Introduced by the corporarida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Sta arm familiar with, and accept the obling Signature, typed or printed name of registered at OFFICERS. D WEISER, JOEL 315 SOUTH LAKE DRIVE PALM BEACH FL 33480	agent and title if applicable. (NOTE AND DIRECTORS DELETE	INTO IZE DY THE CORPORA ITALE 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	registered agent, or both, in the Sta am familiar with, and accept the oblimation of the state o	agent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE	INTO IZE DY THE CORPORA ITALIAN 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition
Office or agent. I a signature 12. 111. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE	registered agent, or both, in the Sta am familiar with, and accept the oblimation of the state o	gations of, Section 607.0505, Flo agent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE	INTO IT	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Sta am familiar with, and accept the oblimation of the state o	ité of Florida. Such change was a gations of, Section 607.0505, Florida igations of Section 607.0505, Florida igation igati	INTO IZE DY THE CORPORA ITALE 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the Sta am familiar with, and accept the oblimation of the state o	gations of, Section 607.0505, Flo agent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE	INTO IZEC BY THE CORPORA ITALIAN 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Sta am familiar with, and accept the oblimation of the state o	ité of Florida. Such change was a gations of, Section 607.0505, Florida igations of Section 607.0505, Florida igation igati	INTO IZEC BY THE CORPORA ITALIAN 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Sta am familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS. D WEISER, JOEL 315 SOUTH LAKE DRIVE PALM BEACH FL 33480	ité of Florida. Such change was a gations of, Section 607.0505, Florida igations of Section 607.0505, Florida igation igati	INTO IZEC BY THE CORPORA ITALIAN 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Sta am familiar with, and accept the oblication of the state o	gations of, Section 607.0505, Flo agent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE	INTO IZEC BY THE CORPORA ITALE 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.5 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the Sta am familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS D WEISER, JOEL 315 SOUTH LAKE DRIVE PALM BEACH FL 33480	ité of Florida. Such change was a gations of, Section 607.0505, Florida igations of Section 607.0505, Florida igation igati	INTO IZE DY THE CORPORA ITALIAN 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Sta am familiar with, and accept the oblication of the state o	gations of, Section 607.0505, Flo agent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE	INTO IZEC BY THE CORPORA ITALE 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.5 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition

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 supplimental 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 of 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, with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE

CITY-ST-ZIP

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90046 048 ***150.00