

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

FILED

Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra M. Northcutt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P9700002551553
1. Corporation Name Cross Trainer's, Inc.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/31/1997

4. FEI Number 59-3449777
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

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 1722 S Del Prado Blvd.
Suite, Apt #, etc. # 11
City & State Cape Coral FL
Zip 33990 Country
2a. Mailing Address
26 5976 SW 1st Court
Suite, Apt #, etc.
City & State Cape Coral FL
Zip 33914 Country

8. Name and Address of Current Registered Agent
Philip Steinberg
Edmund Marcello 3332 Del Prado Blvd
5976 SW 1st Court Cape Coral, FL
33914

10. Name and Address of New Registered Agent
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] (NOTE: Registered Agent signature required when reinstating) DATE 5/26/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>President</u> ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	<u>Edmund Marcello</u>	1.2 NAME	
STREET ADDRESS	<u>5976 SW 1st Court</u>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<u>Cape Coral FL 33914</u>	1.4 CITY - ST - ZIP	
TITLE	<u>Vice President</u> ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	<u>Linda Ginkinger</u>	2.2 NAME	
STREET ADDRESS	<u>1722 S DEL PRADO BLVD</u>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<u>CAPE CORAL FL 33990</u> ☐ DELETE	2.4 CITY - ST - ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	<u>900002551553</u>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<u>-06/08/98--01107--007</u>
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	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
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 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: Edmund Marcello 104-25-98 941-549-1443