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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000072098 (1)**

CROSSWINDS FOUR, INC.

FILED Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
2021 EAST AVE. 2021 EAST AVE.							
PANAMA CITY FL 32405			PANAMA CITY FL 32405				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
							08/20/1997
2.	2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21			26				59-3473182 Not Applicable
	Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22	·		27				Fee Required
	City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23	·		28	,			Trust Fund Contribution Added to Fees
_	Zip	Country	Zip	n	untry		8. This corporation owes or has paid the current year Intangible
24		25	29	30			Personal Property Tax due June 30. Yes No
		ame and Address of Current	Hegistered Agent		81	Name	10. Name and Address of New Registered Agent
WHITTON, JEFFREY P 565 HARRISON AVE.					"	IVAILLE	
				82 Street Add		ddress (P.O. Box Number is Not Acceptable)	
PAMAMA CITY FL 32401					83		
					63		
					84	City	85 Zip Code
44	5	10		Alba al			FL os zipcode
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 and hite if appticable (NOTE Registered Agent signature required when reinstating) DATE							
12		OFFICERS AND		13.	o Agen	i signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITL		Officerio	DELETE	1.1 7/	TLE		☐ Change ☐ Addition
NAN	ABRAMS, GREG			1.2 NAME		1	······································
	ET ADDRESS 2021 NORTH EAST AVE.				1.3 STREET ADDRESS		
		BALIALIA OTTO PL GOAGE		1.4 CITY-ST-ZIP			
TITL				_	2.1 TITLE		Change Addition
NAN	e RAF	FIELD, WILLIAM M	22		2.2 NAME		
	ET ADDRESS 2911 E 17TH ST.		2		2.3 STREET ADDRESS		
		IAMA CITY FL 32405			TZ-YTK		
TITL					3.1 TITLE		☐ Change ☐ Addition
NAA				3.2 NAME			
	STREET ADDRESS			3.3 STREET ADDRESS		DDRESS	
	CITY-ST-ZIP			3.4. CITY-ST-ZIP		i	}
TITL			☐ DELET E	4.1 71			☐ Change ☐ Addition
NAN	AME			4.2 N	4. 2 NAME		
STR	EET ADDRESS			4.3 ST	4.3 STREET ADDRESS		
	Y-S1-2IP			4.4 CITY-ST-ZIP			
TITL	E	DELETE		5.1 Tr	5.1 TITLE		Change Addition
NAN	i		5.2 N/	5.2 NAME			
	EET ADDRESS			5.3 \$1	TREET A	DDRESS	
	-ST-ZIP			1	TY-ST-		
TITLE			DELETE				Change Addition
NAM				6.2 N/	AME		
	ET ADDRESS					DORESS	
CITY-ST-ZIP					6.4 CITY-ST-ZIP		
				201			

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.

CIONATURE (PC

10,98 89 89 169 165