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

**PROFIT** CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000085497 (0)

CROSS & CROWN ENTERPRISES, INC.

**FILED** Apr 21 1998 8:00am Secretary of State



required by Chapter 607, Florida Statutes; and that my name appears in

Nean Chouinard

813-399-1035

Principal Place	e of Business	Mailing Address			( ************************************
359 MIRA VISTA DRIVE		359 MIRA VISTA DRIVE			
DUNEDIN FL 34698		DUNEDIN FL 34698			DO NOT WRITE IN THIS SPACE
<u> </u>					3. Date Incorporated or Qualified
					10/03/1997
2. Principal Pl	ace of Business	2a. Mailing Address	-		4. FEI Number Applied For
21 1685	A . A . — —		to Ro	NB1	
Suite, Apt.		Suite, Apt. #, etc.	10 LE	<del>14 1-3</del> 7	S8 75 Additional
22	.,	27			5. Certificate of Status Desired Fee Required
City & State	9 (	_City & State			6. Election Campaign Financing \$5.00 May Be
<u> </u>	water Florida	28 Clearwater	Fl	orida	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr		This corporation owes or has paid the current year Intangible
<b>24</b> 3375		H-1 H-		ŚΑ	Personal Property Tax due June 30.
	9. Name and Address of Current	Registered Agent	<u> </u>	٠ ١ سي	10. Name and Address of New Registered Agent
HUNT, JAMES L 81 Name					
OFO MIDA MOTA DONE					
DUNEDIN FL 34698				Street A	ddress (P.O. Box Number is Not Acceptable)
50,	ACOM PL 34080		83	<del>                                     </del>	
İ					
			84	City	FL 85 Zip Code
dd Durauant I	to the provisions of Sections 607 0600	and 607 1500 Florida Statutos	the char	o pomod s	
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.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE .	Signature, typed or printed name of registered agent				equired when reinstating) DATE
	OFFICERS AND		13.	ent signature ri	equired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D OFFICERS AND	DELETE	1.1 TITLE		Change Addition
1	- <del>-</del>	C occur		ŀ	Unango Ca Madada
NAME	HUNT, JAMES L		1.2 NAME	1	
STREET ADDRESS	359 MIRA VISTA DRIVE		•	F ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698		1.4 CITY	ST-ZIP	
THILE	D	☐ DELETE	2.1 TITLE	-	☐ Change ☐ Addition
NAME	CHOUINARD, DEAN		2.2 NAME		
STREET ADDRESS	10271 MYRTLE OAK LANE		2.3 STREE	T ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 33777	_ 1 1	2.4 CITY-	ST-ZIP	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREE	T ADDRESS	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME (			4. 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY -	ST-ZIP	
TITLE	——————————————————————————————————————	DELETE	5.1 TITLE	<u> </u>	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			•	T ADDRESS	
CITY-ST-ZIP			5.4 CITY-1		
TITLE		DELETE	6.1 TITLE	OI EN	Change Addition
NAME			6.2 NAME		
1				4	
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP	ertify that the information supplied will	this filing does not qualify for	6.4 CITY-		in Section 119.07(3)(i), Florida Statutes. I further certify that the information
14. I riereby c	errity mac ind information supplied will	a man many does not drawn to.	nia exellit	TIOL PIGIGO	in Section 113.07 (3)(1), Florida Statutes. Humai Certify that the Information