PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90041 009 ***150.00

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DOCUMENT # P98000010485					_				
CROSSRIVER ENTERTAINMENT, INC.									
Principal Plac	ce of Business	Malling Address			1 198137 tr sill ibret ibrit detta e	Bits Admi anter (1	#11 ##11> \$1 4#1 >	Gias ant 1251	
C/O DARLENE HEBER 211 BLUE CREEK OR 211 BLUE CREEK OR WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708					DO NOT WR	ITE IN THIS S	SPACE		
WINTER SPRIN	IGS FL 32/08	MINIER SPRINGS PL 32/00			3. Date Incorporated or Qualifed				7
ļ					01/28/1998				1
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number 59-349110	19		lied For	4
21		26 Suite Apt. #, etc.			31-347110		\$8.75 A	Applicable	1
22 Suite, Apt.	. #, etc.	27 Suite, Apr. W. Stc.			5. Certifcate of Status Desired		Fee Rec		1
City & Sta	(9	City & State			6:- Election Campaign Financing	- 6:- Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution		Added to	Fees	-
Zip	Country	Zip	Country		This corporation owes the cur Personal Property Tax.		ngible ∐Yes	(PNo	
24	9. Name and Address of Current	29 3	<u> </u>		19. Name and Address of New				┪
	9. Name and Address of Current	(Kedisteren Wänn	81	Name					1
HEBER, DARLENE				Street A	Address (P.O. Box Number is Not Accept	table)			┨
211 BLUE CREEK DR				50000	the same of the same of the same of	<u> </u>			_
WINTER SPRINGS FL 32708									1
			84	City		<u></u>	85 Zip C	ode	1
ļ	10 10 00 000	A COT 4500 Flydda Statutaa	tho shows	- camed c	organism submits this elaternent for the	FL.	hanging its	registered	┨
11. Pursuant office or	registered agent, or both, in the State of	of Florida, Such change was aut	norized by	the corpo	corporation submits this statement for the ration's board of directors. I hereby acce	pt the appoin	tment as reg	jistered	1
agent. 1 a	am familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statutes. ارو	KBE	· · · ·	4-16	199		Į
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Ri			quired when reinstating)	DATE			lá
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO O	FICERS AND			DOE024 (41,08)
TITLE	() DELETE 1.11		1.1 TITLE	ľ	PRESIDENT	_	[]*Change	☐ Addition	5
NAME			1.2 NAME		DARLENE HEBE	<i>K.</i>			1 8
STREET ADDRESS	•		1.3 STREET	1	211 BLUE CREEK	OKI	32	208) E
CITY-ST-ZIP		Operate 1917		- ZIP	WINTER SPRING	5, 22.	Change	Addition	
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CITY-ST-ZIP			2.4 CITY-S	- 1					1
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NAME			3.2 NAME						
STREET ADDRESS			33 STREET	1	- J				7
CITY-ST-ZIP	<u> </u>	F7 Ac. F7F	3.4, CITY-S	1-ZIP •			[] Change	Addition	Η.
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NAME	.)		4.2 NAME 4.3 STREET	ADDRESS					1.
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STREET ADDRESS	; ;		5.3 STREET	ADDRESS					1
CITY-ST-ZIP			5.4 CITY- \$1	- 20P					-
TITLE	}	DELETE	6.1 TITLE	ļ			Change	Addition	}
NAME			6.2 NAME						١,
STREET ADDRESS	al ,		8.3 STREET	AUDRESS					1

6.4 CITY-ST-ZIP 14. (hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 (GTtenged, or on an attackment with an address, with all other like empowered.