

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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90025 027 ***150.00

DOCUMENT # P98000046993

1. Corporation Name
CROSSROADS PROPOSAL MASTERS, INC.

Principal Place of Business
**2816 MOCKINGBIRD COURT
ANNAPOLIS MD 21401**

Mailing Address
**2816 MOCKINGBIRD COURT
ANNAPOLIS MD 21401**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1998

4. FEI Number

59-3533410

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**

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 300 Sandiron Circle
Suite, Apt. #, etc.

26 300 Sandiron Circle
Suite, Apt. #, etc.

22 Suite 328
City & State

27 Suite 328
City & State

23 Ponte Vedra Beach, FL
Zip Country

28 Ponte Vedra Beach, FL
Zip Country

24 32082 25 USA

29 32082 30 USA

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name Toni L. Lemire, Sr. Vice President

**82 Street Address (P.O. Box Number is Not Acceptable)
300 Sandiron Circle**

83 Suite 328

84 City Ponte Vedra Beach FL 85 Zip Code 32082

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

Toni L. Lemire, Sr. Vice President

2/23/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **LEMIRE, EDMUND C**
STREET ADDRESS **2816 MOCKINGBIRD COURT**
CITY-ST-ZIP **ANNAPOLIS MD 21401**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/T** ☒ Change ☐ Addition
1.2 NAME **Lemire, Edmund C.**
1.3 STREET ADDRESS **300 Sandiron Circle, Suite 328**
1.4 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

2.1 TITLE **V/S** ☐ Change ☒ Addition
2.2 NAME **Lemire, Toni L.**
2.3 STREET ADDRESS **300 Sandiron Circle, Suite 328**
2.4 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President/Treasurer

2/23/98

904-285-4876
Daytime Phone #

CR2E034 (1/98)