

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90108 010 ***150.00

DOCUMENT # P98000059531

1. Corporation Name

PASCO CROSSROADS, INC.

Principal Place of Business

12995 SOUTH CLEVELAND AVENUE #214
FORT MYERS FL 33907

Mailing Address

12995 SOUTH CLEVELAND AVENUE #214
FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1998

4. FEI Number

65-0855267

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAFELE, DALE G

12995 SOUTH CLEVELAND AVENUE #214
FORT MYERS FL 33907

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WILLIAMS, THOMAS L
STREET ADDRESS 212 EAST THIRD STREET #300
CITY-ST-ZIP CINCINNATI OH 45202

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME WILLIAMS, W J JR.
STREET ADDRESS 212 EAST THIRD STREET #300
CITY-ST-ZIP CINCINNATI OH 45202

2.1 TITLE D
2.2 NAME WILLIAMS, W. JOSEPH, JR.
2.3 STREET ADDRESS 212 E. THIRD STREET., STE300
2.4 CITY-ST-ZIP CINCINNATI, OH 45202

TITLE D
NAME GROTE, RICHARD W
STREET ADDRESS 212 EAST THIRD STREET #300
CITY-ST-ZIP CINCINNATI OH 45202

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

TITLE D
NAME GROTE, THOMAS D
STREET ADDRESS 212 EAST THIRD STREET #300
CITY-ST-ZIP CINCINNATI OH 45202

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

TITLE D
NAME HAFELE, DALE G.
STREET ADDRESS 12995 S. CLEVELAND AVE., STE 214
CITY-ST-ZIP FT. MYERS, FL 33907

5.1 TITLE O
5.2 NAME HAFELE, DALE G.
5.3 STREET ADDRESS 12995 S. CLEVELAND AVE., STE 214
5.4 CITY-ST-ZIP FT. MYERS, FL 33907

TITLE D
NAME SPREHN, SUSAN M.
STREET ADDRESS 12995 S. CLEVELAND AVE., STE 214
CITY-ST-ZIP FT. MYERS, FL 33907

6.1 TITLE O
6.2 NAME SPREHN, SUSAN M.
6.3 STREET ADDRESS 12995 S. CLEVELAND AVE., STE 214
6.4 CITY-ST-ZIP FT. MYERS, FL 33907

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone

CR2E034 (11/98)

0441574