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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$16520 CROSS-CONNECTION CONTROL, INC.

(6)

## **FILED** Feb 18 1997 8:00am Secretary of State

|--|

Principal Place 6758 PEMBRON HOLLYWOOD F	ailing Address 8 PEMBROKE RD. LLYWOOD FL 33023-2	BROKE RD.			—						
							3. Date Incorporated or Qualified 11/30/1990	3a. Date of Last Report 05/01/1996			
<del></del> , '	Place of Business		2a. Mailing Address 26				4. FEI Number Applied For 65-0238442 Not Applicable				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			City & State			<u></u>	6. Election Campaign Financing Trust Fund Contribution Added to Fees				
Zip <b>24</b>	Country 25	29	Zip	30 Cou	ntry	′	8. This corporation has liability for Florida Statutes	intangible ZYes [		s. 199.032,	
<u> </u>	9. Name and Address of Cur		tered Agent				10. Name and Address of New Re	gistered /	Agent		
MOL	LINARI, DANIEL F			i	81	Name					
1185 S.W. 27TH PLACE					82	Street Add	ddress (P.O. Box Number is Not Acceptable)				
BOYNTON BEACH FL 33426					83						
					84	City			<b>85</b> Zip	Code	
						'	poration submits this statement for the palion's board of directors. I hereby accept	FL			
SIGNATURE	Signature: typed or printed name of registered agent and title if applicable: (NOTE: I OFFICERS AND DIRECTORS					stored Agery signature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR					
TITLE	DVS		DELETE	1.1 TI	īLE				Change	Addilion	
NAME	MOYANT, JOHN K. 4661 SW 42ND TERR.			1.2 N/		F ADDRESS					
STREET ADDRESS	FT. LAUDERDALE FL					ST-ZIP					
TITLE	DP		DELETE	2.1 TI		,1 ,211			Change	Addition	
NAME	MOLINARI, DANIEL F.			2 2 NA	AME						
"S"REET ADDRESS				2.3 \$1	REET	F ADDRESS					
CITY - ST - ZIP	BOYNTON BEACH FL		L DELETE			ST - ZIP			Change	Addition	
TITLE			☐ DELETE	3.1 TI 3.2 N/					спанде	TT AOOUION	
NAME STREET ADDRESS				ı		I ADDRESS					
C:TY-ST-ZIP			•			ST-ZIP					
TITLE			☐ DELETE	4.1 Tx				,	Change	☐ Addition	
NAME				4, 2 N	AME						
STREET ADDRESS				4.3 S1	REET	F ADDRESS					
C TY - ST - ZIP						ST - 71P			F16:	1 1440	
TITLE			DELETE	5.1 71					Change	Addition	
NAME				5.2 N/							
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP TITLE			DELETE	6.1 TI		ST - ZIP			Change	☐ Addition	
NAME				6.1 II							
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP						ST - ZIP					

14. I do 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 or an attachment with an address