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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S73105

(6)

CROSS AUTO TRIM, INC.

le

Mailing Address

FILED Jan 15 1998 8:00am Secretary of State



11463 CORTEZ				11463 CORTEZ BLVD									
BROOKSVILLE US	FL 34613			BROOKSVILLE FL 34613 US				DO NOT WRITE IN THIS SPACE					
63	00								3. Date Incorporated or Qualified				
									08/12/1991				
2. Principal Pl	ace of Busine	ess		2a. Mailing Address					4. FEI Number			As	plied For
21				26					59-3076529				ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.									Additional
22				27					5. Certificate of Status I	esired L		Fee Re	equired
City & State				City & State				6. Election Campaign F	nancing		\$5.00	May Be	
23				28					Trust Fund Contributi		コ	Added	
Zip	I	Country		Zip Country			•••	8. This corporation owe		the curr	ent vear In	angible	
24	<u> </u>	25 29 30							Personal Property Ta] No
24		~	1	gistered Agent					10. Name and Address of New Registered Agent				
CDC				81 Name									
	OSS, STEPH												
	63 CORTEZ						82 Street Address (P.O. Box Number is Not Acceptable)						
BHC	OKSVILLE I	FL 34613			-			13					
						"							
						84		City			FL	1 1 '	Code
11. Pursuant t	to the provision	ns of Section:	s 607.0502 and	607.1508, Florida Stati	utes, the	abov	e-na	amed corp	oration submits this stateme	nt for the pur	pose of	changing i	ts registered
office or re agent. I as	egistered age m familiar with	nt, or both, in a, and accept	the State of Fig the obligations	orida. Such change was s of, Section 607.0505, F	s authoriz Florida St	ed by atute:	y the s.	e corporati	ion's board of directors. I he	reby accept t	he appo	intment as	registered
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 reoffice 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 Slonature. Noed or printed name of registered agent and title II applicable. (NOTE, Registered Agent signature required when reinstating). DATE:													, -,
	Signature, typed or printed name of registered agent and title if applicable. (NOTE. OFFICERS AND DIRECTORS						er it si	igriatore requiri	ADDITIONS/CHANGE	S TO OFFICE		DIRECTOR	RS IN 12
12.	PST	OFF	CENS AND DIF	DELETE	13	- TITLE			ADDITIONOJOI II INGE	, . 		Change	Addition
[CROSS, S	PTERMEN											
NAME						1.2 NAME							
STREET ADDRESS		VHOPE RD			1.3 STREET ADDRESS								
CITY-ST-ZIP	SPRING F	HILL FL				1.4 CITY-ST-ZIP		IP .				Change	Addition
TITLE	D			☐ DELETE		TITLE						Change	Addition
NAME	CROSS, S	STEPHEN			2.2 NAME								
STREET ADDRESS	1586 NEV	VHOPE DR			2.3	2.3 STREET ADDRESS		DRESS					
CITY-ST-ZIP	SPRING F	till fl			2, 4	CITY-	ST-Z	ŽIP .					
TITLE				☐ DELETE	3.1	3.1 TITLE					٠,	Change	Addition
NAME					3.2	NAME							
STREET ADDRESS					3.3 \$			DRESS					
CITY-ST-ZIP					3.4. CITY-ST-ZIP		ZIP						
TITLE	-		DELETE	4.1 TITLE						-	Change	Addition	
NAME					4. 2	NAME	:						
STREET ADDRESS						STREET		DRESS					
CITY-ST-ZIP						CITY-S							
TITLE				DELETE		TITLE	31-2					Change	Addition
1						NAME						•	
NAME								nerec					
STREET ADDRESS						STREET							
CITY-ST-ZIP				DELETE		CITY-5	ST-2	JP				Change	Addition
TITLE				LI DELETE		TITLE					,	டு படியத	Addition
NAME						NAME							
STREET ADDRESS					6.3	STREET	T ADD	DRESS					
CITY-ST-ZIP					6.4	CITY - S	ST-Z	IP				450 - 45	
14. I hereby o	ertify that the	Information s	upplied with th	is filing does not qualify	for the e	xemp	otion	n stated in	Section 119.07(3)(i), Florida	effect as if m	nner cer lade unc	tuy that the ler oath: th	at laman

In Thereby Certify that the information supplied with this limit does not detaily in the exemption state in Section 1730/7/ In 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; etc. on an attachment with an address.

SIGNATURE:

NAVERS REQUIRED \$150 1-5-98 350-597.0370