## 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 # V67730

(4)

CROSS CREEK INTERIORS, INC.

Mailing Address

## FILED May 01 1997 8:00am Secretary of State



Principal Place	e or Business	Maili⊓g A	Mailing Address							1611 61611 1881	
1313 W. BOYN BOYNTON BEA	ITON BEACH BLVD ACH FL 33426	1313 W. BOYNTON BEACH BLVD BOYNTON BEACH FL 33426-3436									
							<ol> <li>Date Incorporated or Qualified 09/28/1992</li> </ol>	3a, Date of Last Report 05/01/1996			
2. Principal Pi	ace of Business	2a. Mailin	2a. Mailing Address			4. FEI Number	J		Applied For	1	
21		26	26				65-0362562	Not Applicable			
Suite, Apt.	#, etc.	<del></del>	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	9		State				6. Election Campaign Financing		\$5.C	00 May Be	1
23		28	28			Trust Fund Contribution	Added to Fees				
Zip Country		Zip	Zip Country			·		intangible tox under s. 199.032,			
25		29	29 30			Florida Statutes Yes X No			, , , , , , , , , , , , , , , , , , , ,		
	g. Name and Address of Curre	nt Registered A					10. Name and Address of New Registered Agent				7
VOG	BEL, MARK			8	1 1	Name					7
	5 S. CONGRESS AVE			8:	2 6	trool Add	ress (C.O. Boy Number is Not Assentable	a)			4
	TE <b>23</b> 2		1°			Street Address (P.O. Box Number is Not Acceptable)					
	INTON BEACH FL 33426			8:	3						1
				8	4 0	City		FL	85 Zt	p Code	1
SIGNATURE							poration submits this statement for the pr tion's board of directors. I heroby accep		changing intment	g its registered as registered	
	Signature, typed or printed name of registered ag	ON DIRECTORS	ble {NO		gent s	ignature requ	red when reinstating)	DATE			ہ ⊢
12.	D OFFICERS AF	ND DIRECTORS	DELETÉ	13.			ADDITIONS/CHANGES TO OFFIC		DIRECTO Chang		_ §
NAME	SOFFER, JUDITH		pecent						снану	e [_] Addition	15
	231 N. LAKESHORE DR.			1.2 NAMI			i,				13
STREET ADDRESS CITY-ST-ZIP	HYPOLUXO FL 33462			1.3 STRE		į.					Įį
TITLE	PT DELETE			21 TITLE					Chang	e Addition	∀Շ
NAME (	SOFFER, STAN			2 2 NAMI		1					ĺ
STREET ADDRESS	231 N. LAKESHORE DR.				2 3 STREET ADDRESS						
CITY-ST-ZIP	HYPOLUXO FL 33462		2 4								1
TITLE			DELETE	31 1171.		-			Chang	e Addition	┨
NAME .				3.2 NAME		ł		•			1
STREET ADDRESS				33 STRE		22380					
CITY-ST-ZIP				3 4. C(TY							
TITLE			DELETE	4.1 TITLE		···			Chang	e Addition	┨
NAME				4. 2 NAM	1E	į		•	•		
STREET ADDRESS				4.3 STRE		DRESS					
CITY-ST-ZIP				4.4 CITY	- S1 - Z	IP.					
TITLE			DELETE	5.1 TITLE					Chang	e 🔲 Addition	1
NAME				5.2 NAME	E						
STREET ADDRESS				5.3 STRE	ET ADI	DRESS					
CITY-ST-ZIP				5.4 CITY	- S1 - Z	IP .					
TITLE			DELETE	6.1 TITLE					Chang	e Addition	1
NAME				6.2 NAMI	£				-		1
STREET ADDRESS				6.3 STREE		ORESS					
CITY-ST-ZIP				6.4 CITY							
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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 received or trusted empowered to execute this report at 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.

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