

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 APR 27 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mathern Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704665 (9)

1. Corporation Name
CRANWELL HOUSE INC

Principal Place of Business 54 ISLE OF VENICE FORT LAUDERDALE FL 33301	Mailing Address 54 ISLE OF VENICE APT 8 FORT LAUDERDALE FL 33301 US
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2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 26
City & State 23	City & State 27
Zip 24	Country 28
Country 25	Country 29

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/16/1962	3a. Date of Last Report 04/27/1994
4. FEI Number 59-1085322	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under C. 100.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CASTAGNA, ROSALIE M.
54 ISLE OF VENICE #8
CRANWELL HOUSE
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME CASTAGNA, ROSALIE M.	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 54 ISLE OF VENICE #8	CITY - ST - ZIP FT. LAUDERDALE FL	1.2 NAME	
TITLE VPD	NAME BELL, HARRY	1.3 STREET ADDRESS	
STREET ADDRESS 54 ISLE OF VENICE #6	CITY - ST - ZIP FT. LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE D	NAME TOSCANO, LEO M.	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 54 ISLE OF VENICE #3	CITY - ST - ZIP FT. LAUDERDALE FL	2.2 NAME	
TITLE STD	NAME FERRARO, JOSEPH	2.3 STREET ADDRESS	
STREET ADDRESS 54 ISLE OF VENICE #6	CITY - ST - ZIP FT. LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: Rosalie M. Castagna 2/24/95 305 527 4549
(Typed Name) (Date) (Telephone #)