

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 20 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified: 10/16/1962
3a. Date of Last Report: 04/27/1995
4. FEI Number: 59-1085322
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26 54 ISLE OF VENICE Suite, Apt. #, etc.: 27 APT. # 2 City & State: 28 FORT LAUDERDALE FL. Zip: 24 Country: 25 Zip: 29 33301 Country: 30 US

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: JOSEPH FERRARO
82 Street Address (P.O. Box Number is Not Acceptable): 54 ISLE OF VENICE # 2
83 CRANWELL HOUSE
84 City: FT. LAUDERDALE FL 85 Zip Code: 33301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Joseph Ferraro (Signature, typed or printed name of registered agent and title if applicable) DATE: 2/18/96 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P. JOSEPH FERRARO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTAGNA, ROSALIE M.	12 NAME	54 ISLE OF VENICE # 2
STREET ADDRESS	54 ISLE OF VENICE #8	13 STREET ADDRESS	FT. LAUDERDALE FL. 33301
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	VPD HOWARD STONE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, HARRY	22 NAME	54 ISLE OF VENICE # 9
STREET ADDRESS	54 ISLE OF VENICE #6	23 STREET ADDRESS	FT. LAUDERDALE FL. 33301
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	S.E.C. JOYCE R. WISEMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOSCANO, LEO M.	32 NAME	54 ISLE OF VENICE # 10
STREET ADDRESS	54 ISLE OF VENICE #3	33 STREET ADDRESS	FT. LAUDERDALE FL. 33301
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP	
TITLE	STD	41 TITLE	D LEO M. TOSCANO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRARO, JOSEPH	42 NAME	54 ISLE OF VENICE # 3
STREET ADDRESS	54 ISLE OF VENICE #6	43 STREET ADDRESS	FT. LAUDERDALE FL. 33301
CITY-ST-ZIP	FT. LAUDERDALE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	D ARAM BAKALIAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	54 ISLE OF VENICE # 1
STREET ADDRESS		53 STREET ADDRESS	FT. LAUDERDALE FL. 33301
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph Ferraro SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 2/18/96 DATE OF SIGNATURE
524-4917-02 DISTRICT PHONE # 764-6000

CR2E037 (12/95)