

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sylvia B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S25977** (7)

1. Corporation Name
CORNWELLS ENTERPRISES, INC.



Principal Place of Business

901 MAYS LANDING RD
SOMERS PT NJ 08244
US

Mail Address

901 MAYS LANDING RD
SOMERS PT NJ 08244
US

2. Principal Place of Business

2a. Mailing Address

21

State Abb. Etc.

26

State Abb. Etc.

22

City & State

27

City & State

23

Zip Country

28

Zip

24

9. Name and Address of Current Registered Agent

GATTI, EUGENE
1822 COLONIAL DR
CORAL SPRINGS FL 33071

30

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

32 St. GEORGE PLACE
PALM BEACH GARDENS

84 City

FL

85 Zip Code

33418

11. Pursuant to the provisions of Section 607.01, Florida Statutes, this corporation submits this statement for the purpose of changing its registered office or principal place of business to the address set forth herein. The corporation hereby appoints the person named as registered agent herein to act as such agent for the purposes of Sections 607.01 and 607.02, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETED
NAME	LEPINE MAURICE	
STREET ADDRESS	83 GREATE BAY DR	
CITY STATE ZIP	SOMERS POINT NJ 08244	
DATE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY STATE ZIP		
DATE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY STATE ZIP		
DATE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY STATE ZIP		
DATE		<input type="checkbox"/> DELETED

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY STATE ZIP		
DATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY STATE ZIP		
DATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY STATE ZIP		
DATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY STATE ZIP		
DATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information herein is true and correct to the best of my knowledge and belief, and that my name appears on the list of officers and directors of the corporation as of the date hereof. I am not the registered agent of this corporation and that my name is not on the list of officers and directors of this corporation as of the date hereof. I am not the registered agent of this corporation and that my name is not on the list of officers and directors of this corporation as of the date hereof.

SIGNATURE: X *Maurice Lepine* MAURICE LEPINE V.P. 4-14-96 9275071
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MAURICE LEPINE V.P.

CR2E034 (12/95)