

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 20 1998 8:00am
Secretary of State

DOCUMENT # **G47495** (8)
1. Corporation Name
CORNWELL'S PRODUCTS, INC.



Principal Place of Business
**CORNWELLS PRODUCTS
1564 TINA LANE
KISSIMMEE FL 34744
US**

Mailing Address
**CORNWELLS PRODUCTS
1564 TINA LANE
KISSIMMEE FL 34744
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2306075	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORNWELL, CHEISTINE 1564 TINA LANE KISSIMMEE FL 34744				10. Name and Address of New Registered Agent	
81	Name CORNWELL, CHRISTINE				
82	Street Address (P.O. Box Number is Not Acceptable) SAME				
83					
84	City SAME	FL	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CORNWELL, RONALD F.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1564 TINA LANE	1.2 NAME	
STREET ADDRESS	KISSIMMEE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VST CORNWELL, CHRISTINE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1564 TINA LANE	2.2 NAME	
STREET ADDRESS	KISSIMMEE, FL 00000	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D CORNWELL, CHRISTINE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1564 TINA LANE	3.2 NAME	
STREET ADDRESS	KISSIMMEE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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, or on an attachment with an address.

SIGNATURE: *Ronald F. Cornwell*

1.5.98 407-846-2581

CR2E034 (10/97)