

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H18746** (8)

1. Corporation Name
WILLIAM C. CORNELL, INC.



Principal Place of Business
1310 S. KILLIAN
~~103~~
LAKE PARK FL 33403
US

Mailing Address
1310 S. KILLIAN
~~103~~
LAKE PARK FL 33403
US

3. Date Incorporated or Qualified
08/29/1984

3a. Date of Last Report
03/09/1995

4. FEI Number
59-2437207

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 **1310 S. KILLIAN**

22 Suite, Apt. #, etc.
105

23 City & State
LAKE PARK, FL

24 Zip **33403** 25 Country **US**

2a. Mailing Address

26 **1310 S KILLIAN**

27 Suite, Apt. #, etc.
105

28 City & State
LAKE PARK, FL

29 Zip **33403** 30 Country **US**

9. Name and Address of Current Registered Agent

DICKENSON, GREGORY B.
11380 PROSPERITY FARMS RD.
PALM BCH. GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **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 the filer, if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** DELETE

NAME **CORNELL, JOAN N.**

STREET ADDRESS **~~100 LAKESHORE DRIVE~~**

CITY-ST-ZIP **~~LAKE PARK, FL~~**

TITLE **VT** DELETE

NAME **CORNELL, WILLIAM C.**

STREET ADDRESS **~~100 LAKESHORE DRIVE~~**

CITY-ST-ZIP **~~LAKE PARK, FL~~**

TITLE **VS** DELETE

NAME **CORNELL, WILLIAM A.**

STREET ADDRESS **2420 24TH WAY**

CITY-ST-ZIP **W. PALM BCH. FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1 1 TITLE

12 NAME

13 STREET ADDRESS **121 SANTINWOOD LANE**

14 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

2 1 TITLE

22 NAME

23 STREET ADDRESS **121 SANTINWOOD LANE**

24 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

3 1 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 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)(k), 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: *William C. Cornell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 407-627-7721
DATE DAYTIME PHONE #

CR2E034 (12/95)