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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90006 020 ***150.00

C	OCUMENT	#	M67396
4	Corporation Name		11101 000

STEPHEN CORNWELL, INC.

Principal Place of Business 15465 82ND ST. NORTH LOXAHATCHEE FL 33470 DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 02/04/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0028938	SPACE	₩1411 ₩18 11 1 98 1
15465 82ND ST. NORTH LOXAHATCHEE FL 33470 DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 02/04/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number	SPACE	
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	Ap	pplied For
21 26 55-0028938	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired		Additional
22 27	Fee Re	equired
City & State City & State 6. Election Campaign Financing		May Be
28 Trust Fund Contribution	Added	to Fees
Zip Country Zip Country 8. This corporation owes the current year Integral 24 25 29 30 Personal Property Tax.	angible Yes	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered	Agent	
81 Name		
CORNWELL, STEPHEN		
15465 82ND ST. N. 82 Street Address (P.O. Box Number is Not Acceptable)	•	
LOXAHATCHEE FL 33470		
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 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 appoint		, regioteree ,
agent. I am familiar with, and accept the obligations of, Section 607.0505, Flonda Statutes.	ntment as re	egistered
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	nument as re	egistered
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS