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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M95674** (1)

1. Corporation Name

J. CORNELL, INC.

Principal Place of Business

**260 CRANDON BLVD. #22
KEY BISCAYNE FL 33149**

Mailing Address

**260 CRANDON BLVD. #22
KEY BISCAYNE FL 33149**



3. Date Incorporated or Qualified

08/24/1988

3a. Date of Last Report

04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 620 Crandon Blvd.

26 620 Crandon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Key Biscayne

27 Key Biscayne, Fla.

City & State

City & State

23 FLA

28 Key Biscayne, Fla.

Zip

Country

Zip

Country

24 33149

25 DADE

29 33149

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, JULIET C.
620 CRANDON BLVD.
KEY BISCAYNE FL 33149**

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 *Catherine Scopetta*
Signature, typed or printed name of registered agent and title, if applicable.

Catherine Scopetta
(NOTE: Registered Agent signature required when "installing")

4-10-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **SMITH, JULIET C.**
STREET ADDRESS **151 CRANDON BLVD. #531**
CITY-ST-ZIP **KEY BISCAYNE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SCOPETTA, GEORGE**
STREET ADDRESS **960 MARINER DR**
CITY-ST-ZIP **KEY BISCAYNE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **SCOPETTA, CATHERINE**
STREET ADDRESS **960 MARINER DR**
CITY-ST-ZIP **KEY BISCAYNE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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: *Catherine Scopetta* *Catherine Scopetta* **4-10-96** **305-361-8556**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)