


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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90026 041 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000057059</b>			
1. Corporation Name <b>CROMWELL CORPORATION</b>			
Principal Place of Business <b>8125 - H1 MONETARY DRIVE</b> <b>RIVIERA BEACH FL 33404</b> <b>US</b>		Mailing Address <b>8125 H1 MONTARY DRIVE</b> <b>RIVIERA BEACH FL 33404</b> <b>US</b>	
2. Principal Place of Business 21 <b>8125 H1 Monetary Dr</b> Suite, Apt. #, etc. 22 City & State 23 <b>RIVIERA BEACH FL</b> Zip 24 <b>33404</b> Country 25 <b>P.B.</b>		2a. Mailing Address 26 <b>8125 H1 Monetary Dr</b> Suite, Apt. #, etc. 27 City & State 28 <b>RIVIERA BEACH FL</b> Zip 29 <b>33404</b> Country 30 <b>P.B.</b>	
9. Name and Address of Current Registered Agent <b>LOPATA, VIVIAN</b> <b>8125 H-1 MONTARY DRIVE</b> <b>RIVIERA BEACH FL 33404</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LOPATA, VIVIAN</b> <b>8125- H1 MONTARY DRIVE</b> <b>RIVIERA BEACH FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CDCE</b> <b>LOPATA, IRA</b> <b>8125-H-1 MONETARY DRIVE</b> <b>RIVIERA BEACH FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MURRAY, ROBERT</b> <b>8125 H-1 MONETARY DRIVE</b> <b>RIVIERA BEACH FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>ELIAS, SAMUEL J.</b> <b>8125 H-1 MONETARY DRIVE</b> <b>RIVIERA BEACH FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE:

**SIGNATURE REQUIRED**  
Signature and typed or printed name of signing officer or director  
**Samuel J. Elias**

Date

**1/27/99**

Daytime Phone #

**561 848 8514**

CR2E034 (1/1/99)