Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90118 019 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000049969

1. Corporation Name

CORNWELL CONSULTING SERVICES, INC.

Principal Plac	e of Business	Mailing Addres	ss				, , , , , , , , , , , ,					
7120 STAFFORD ROAD			7120 STAFFORD RD									
DOVER FL 33527		DOVER FL 3352	27					DO NOT W	RITE IN TH	IS SPACE	:	
US		US				<u> </u>	Date Incorn	orated or Qualif		IS SPACE	-	
	•					3.	06/26/19		eu			
2 Principal B	Place of Business	2a. Mailing Add	dress				FEI Number				App	lied For
<del></del>	lace of Busiless	26				"	59-33237			-	+	Applicable
Suite, Apt.	# etc	Suite, Apt.	#. etc.							\$8.		iditional
22		27	<del></del>				Certificate of	Status Desired	1 🗆		e Req	
City & State		City & Stat	te			6	Election Car	npaign Financii	na	\$5	л <b>ОО</b> .	lay Be
23		28				"	Trust Fund		<b>.</b>		ded to	
Zip	Country	Zip		Country		R	This corpora	tion owes the	current year	ntangible		)
24	25	29	30	0		"	Personal Pr		,	∐Yes	: [	No
	9. Name and Address of Curr			<u> </u>		10	). Name and	Address of Ne	w Registere	d Agent		
				81	Name							_
BRY	'n, mark j				D4		(D.O. Para Name	hor is Not Ass	notoblo)			
2 S	BISCAYNE BLVD			82	Street Ac	uare55 (I	,F,O. DOX NUT	ber is Not Acce	phrania)			
SUIT	TE 3599			83	• • •							
Ana	MI FL 33131									<del></del>		
14114				84	City				F	85	Zip Co	ode
11. Pursuant office or a agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida. Such cha	ange was auth	iorized by	the corpora	orporatio ation's b	on submits this board of direct	statement for ors. I hereby ac	the purpose scept the app	of changir ointment	ng its r as regi	egistered istered
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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

CITY-ST-ZIP