

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000055640 (2)**

1. Corporation Name
CORONELLA, INC.

Principal Place of Business
**P.O. BOX 140142
CORAL GABLES FL 33114**

Mailing Address
**P.O. BOX 140142
CORAL GABLES FL 33114-0142**



2. Principal Place of Business 21 840 Nestlewood Ct Suite, Apt. #, etc.		2a. Mailing Address 26 PO Box 5472 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/28/1996		3a. Date of Last Report	
22		27		4. FEI Number 65-0693563		Applied For Not Applicable	
23 City & State Lakeland, Florida		28 City & State Lakeland, Fla		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip 33813		29 Zip 33807-5472		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25 Country USA		31 Country USA		32		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SAWYER, WILLIAM G JR. 820 ALHAMBRA CIRCLE CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
81 Name Sawyer, William G., Jr				82 Street Address (P.O. Box Number is Not Acceptable) 12374 SW 82 Avenue			
83				84 City Miami			
85 State FL				86 Zip Code 33150			

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 **x William G. Sawyer Jr. President** DATE **4/1/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	11 TITLE P.D.S.T.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAWYER, WILLIAM G JR.		12 NAME Sawyer, William G. Jr	
STREET ADDRESS P.O. BOX 140142 N/A		13 STREET ADDRESS PO Box 143729	
CITY - ST - ZIP CORAL GABLES FL 33114		14 CITY - ST - ZIP CORAL GABLES, FL 33114	N/A
TITLE D	<input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAWYER, JEFFREY B		22 NAME	
STREET ADDRESS P.O. BOX 140142 N/A		23 STREET ADDRESS	
CITY - ST - ZIP CORAL GABLES FL 33114		24 CITY - ST - ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAWYER, CARLENE M		32 NAME	
STREET ADDRESS P.O. BOX 140142 N/A		33 STREET ADDRESS	
CITY - ST - ZIP CORAL GABLES FL 33114		34 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	41 TITLE P.D.S.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAWYER, WILLIAM G. JR		42 NAME Sawyer, William G. Jr	
STREET ADDRESS 840 Nestlewood Ct		43 STREET ADDRESS Lakeland, FL 33813	
CITY - ST - ZIP Lakeland, FL 33813		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: **x William G. Sawyer Jr.** DATE **4/1/97** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)