FILED

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FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000044959

1. Corporation Name

1. Corporatio					1 100	STATE
CROMULENT INDUSTRIES, INC.				SEUNETANY OF STATE TALLAHASSEE, ELORIDA		
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Principal Plac	e of Business	Mailing Address			( 14411941 )14 (615) (881) 881/4 (881) 881/1 881/1 881/1	ili Alian dibib raibi alilia lait laat
624 VONCILE	AVENUE	P.O. BOX 3241				
TALLAHASSEE FL 32303 TALLAHASSEE FL 32315-3241					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	IIS SPACE
					05/20/1997	1
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
26					59-3447286	Not Applicable
Suite, Apt. #, etc Suite, Apt. #, etc						\$8.75 Additional
22					5. Certif, ale of Status Desired [ ]	Fee Required
City & State City & State					6. Election Carapa go Financing	\$5,00 May Be
23		[28]			Trust Fund Contribution	Added to Fees
Zip	Country r = 3	the state of the s	Country		8. This corporation owes the current year	
24	25	[30]	ſ		Personal Property Tax	Yes [  No
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registere	d Agent
ORC	PALLO, STEPHEN S		01	INGITIE!		
624 VONCILE AVENUE TALLAHASSEE FL 32303			82	Street Addre	et Address (P.O. Box Number is Not Acceptable)	
			83			
			1001			)
			84	City	<b>E</b>	85 Zip Code
11 Dureupot	to the provisions of Sections 607.05	22 and 607 1508 Florida Statutes the	a september	named come	oration submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the State	of Florida. Such change was authorize	zed by th	io corporatio	m's board of directors. I hereby accept the app	ointment as registered
ŭ	im familiar with, and accept the obliga	ations of, Section 607.0505 Florida S	tatutes			l I
SIGNATURE	Signature, typed or printed name of registered ag-	ert and little if applicable (NOTE Rosen	rent A protis	augration roop well	factorism with y DATE	
12.		and the second s	3.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	[   DELETE 1	1 T LLE	i		[   Change   [   Addition
NAME	STEPHEN OROPALLO	11	2 NAME			
STREET ADDRESS	624 VONCILE AVENUE	1:	3 STREET A	UPPRESS		1
CMY-ST-ZIP	TALLAHASSEE FL 32303		4 Cun - 51-7	7)-		
TITLE	V	[ ] DELETE 2	1 TITLE		<b>*</b>	Change [   Addition
NAME	DONNA OROPALLO	2:	2 NAME	D.	IANA ORDPALLO	21.0400000
STREET ADORESS		3 2	ISTREFIA	COURTES		
CITY-ST-ZIP	TALLAHASSEE FL 32303		4 Cilin-\$1.	ZiP		
TITLE			1 TILLE			[  Change
NAME	}		2 NAME		າກດກຸກຊຸຊູຊູຣຸ	2 <b>4111</b> -01087028
STREET ADDRESS			3 STREET A			
CITY-ST-ZIP			4 CHY-ST-	261	****150.8	
TITLE	}		1 Tille			[   Change   [   Addition
NAME			2 NAME			
STREET ADDRESS	]		3 S1REF : A	L L		
CITY-ST-ZIP		The second secon	4 OFF-ST-: 1 Tifle	76'		[   Change   [   Addition
TITLE		•	1 HELE 2 NAME			f Loughiller [ [Marking]]
NAME	1	and the second s	zinnen: 3.STREFTA	amerss		
STREET ADDRESS		1	4 CHY-51-;	1		
CITY-ST-ZIP			a tiller 1 tiller	.		1 (Change . / M dattor.

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Honda 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.

SIGNATURE:

NAME STREET ADDRESS

FICER OR DIRECTOR

850-422-2222