

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 # P97000044959

1. Corporation Name

CROMULENT INDUSTRIES, INC.

Principal Place of Business

624 VONCILE AVENUE
TALLAHASSEE FL 32303

Mailing Address

P.O. BOX 3241
TALLAHASSEE FL 32315-3241

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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30

9. Name and Address of Current Registered Agent

OROPALLO, STEPHEN S
624 VONCILE AVENUE
TALLAHASSEE FL 32303

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

Signature, typed or printed name of registered agent and title if applicable

INTE Registered Agent signature and title if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE [] DELETE

NAME P
STEPHEN OROPALLO
STREET ADDRESS 624 VONCILE AVENUE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE [] DELETE

NAME V
DONNA OROPALLO
STREET ADDRESS 624 VONCILE AVENUE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE [] DELETE

NAME [] DELETE
STREET ADDRESS [] DELETE
CITY-ST-ZIP [] DELETE

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STREET ADDRESS [] DELETE
CITY-ST-ZIP [] DELETE

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

DIANA OROPALLO

[] Change [] Addition
CORRECTION

1000002862411-1

-05/04/99--01087--028

****150.00 ****150.00

[] Change [] Addition

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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)(b), 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.26.99

850-422-2222

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Exempt From Fee

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