

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 # P98000068979

1. Corporation Name

THE CORNELL GROUP, INC.

Principal Place of Business
P.O. BOX 32011
PALM BEACH GARDENS FL 33420

Mailing Address
P.O. BOX 32011
PALM BEACH GARDENS FL 33420

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1998

4. FEI Number

☒ Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORNELL, GEORGE V JR.
2569 W. EDGEWATER DRIVE
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating).

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PRESIDENT	George V. Cornell III	3214 ORANGE BLVD	P.B.G., FL 33420	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <td>2.2 NAME <td>2.3 STREET ADDRESS <td>2.4 CITY-ST-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS <td>2.4 CITY-ST-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </td></td>	2.3 STREET ADDRESS <td>2.4 CITY-ST-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </td>	2.4 CITY-ST-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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, as on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-99

Date

561 627 0202

Daytime Phone #

CR2E034 (1-1/98)