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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

| ,  | 1996   |  | 11 18 5   | DIVISION   | 0, 00, 11 0,   |  |   |   |                       |                                     |                                 |
|--|--|--|---|--|--|--|---|---|-----------------------|-------------------------------------|---------------------------------|
| OCU<br>Corporatio  | MENT #   | S243   | 56  | (5)  | )  |  |   |   |                       |                                     |                                 |
| CORN   | IWELLS PRO   | OPERTIES, INC  | C.  |  |  |  |   | Din 1900 dina ang paga bang               | B Blif Blifil B       | ı Billi Gigil bibi                  | ı Birli Girii irri              |
| rincipal Place   | e of Business  |  | Ma  | ailing Address   |  |  |   |   |                       |                                     |                                 |
| 901 MAYS   | LANDING RD   |  |   | 901 MAYS LANDIN  | ig rd  |  |   |   |                       |                                     |                                 |
| SOMERS P   | T NJ 08244   |  |   | SOMERS PT NJ O   | 8244   |  |   |   |                       |                                     |                                 |
| 03   |  |  |   | 03   |  |  | 3. Date Incorpo<br>01/11/1                      | rated or Qualified 991                    |                       | e of Last R<br>03/14/19             |                                 |
| Principa! P  | lace of Business   |  |   | Mailing Address  |  |  | 4. FEI Number                                   |   |                       |                                     | Applied For                     |
| Suite, Apt.  | # etc  |  | 26  | Suite, Apt. #, etc.  |  |  | 65-023  | 34649                                     |                       |                                     | Not Applicable Additional       |
| conto, r. spr.   |  |  | 27  | Sand, rec. ii, sio.  |  |  | 5. Certificate of                               | Status Desired                            |                       |                                     | Raditional                      |
| City & State   | e  |  | 28  | City & State   |  |  | 6. Election Cam<br>Trust Fund C                 |   |                       |                                     | May Be                          |
| Zip  |  | Country  |   | Ζiρ  | h  | ıntry  |   | ion has liability for i                   |                       | ax under s                          | 199.032,                        |
| ·  | 9. Name an   | d Address of Curi  | 29<br>rent Regis                                  | itered Agent   | 30   | Γ  | Florida Statut                                  | es Yes                                    | □ No<br>egistered     | Agent                               |                                 |
|  |  |  |   |  | •  | 81 Name  |   |   |                       |                                     |                                 |
|  | EUGENE   |  |   |  |  | 82 Street Add  | dress (P.O. Box Numb                            | er is Not Acceptab                        | le)                   |                                     |                                 |
|  | COLONIAL DR<br>SPRINGS FL                                    | 22074  |   |  |  | 83 <b>2</b>  |   |   |                       | <del></del>                         |                                 |
| CORAL  | . orningo fl   | 33071  |   |  |  | 7  | v 57. 4e  | ionge PL                                  | ACA.                  |                                     |                                 |
|  |  |  |   |  |  |  | _   |   |                       | 85 Zij                              | Code _                          |
| or register<br>familiar wi   | red agent, or bot  | of Sections 607.05<br>th, in the State of Flo<br>ne obligations of, Se   | orida. Such                                       | n change was autho   | orized by the (  | ove-named corporation's boo  | pration submits this stand of directors. I here | atement for the pur<br>by accept the appo | pose of chointment as | anging its r<br>registered          | gistered offic<br>agent. I am   |
| or register<br>familiar wi   | red agent, or bot<br>ith, and accept th                      | h, in the State of Fli   | orida. Such<br>ection 607.<br>gent and title if a | n change was autho<br>0505, Florida Statu<br>applicable        | orized by the outes.   | ove-named corror   | and of directors. I here                        | atement for the pur<br>by accept the appo | DATE                  | registered                          | agent. I am                     |
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SIGNATURE: X SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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