

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

FILED

May 15 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **V65547** (4)
1. Corporation Name
CROMWELL FINANCIAL SERVICES, INC.



| | |
|---|--|
| Principal Place of Business 3000 JASMINE TERR DELRAY BEACH FL 33483 | Mailing Address 3000 JASMINE TERR DELRAY BEACH FL 33483-4724 |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 09/21/1992 | 3a. Date of Last Report 05/01/1996 |
|--|--|

| | |
|--|---|
| 2. Principal Place of Business 21 393 Woodlake Lane Suite, Apt. #, etc. | 2a. Mailing Address 26 393 Woodlake Lane Suite, Apt. #, etc. |
| 22 City & State 23 Deerfield Bch FL | 27 City & State 28 Deerfield Bch FL |
| 24 Zip 33442 25 Country | 29 Zip 33442 30 Country |

| | |
|--|---------------------------------------|
| 4. FEI Number 65-0358592 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**TUCCELLI, PHILIP M.
3000 JASMINE TERR
DELRAY BEACH FL 33483**

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 *Philip Tuccelli* **Philip Tuccelli, PRESIDENT** DATE **5/1/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | TUCCELLI, PHILIP M. |
| STREET ADDRESS | 3000 JASMINE TERR |
| CITY-ST-ZIP | DELRAY BEACH FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| |
|--|
| 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME |
| 1.3 STREET ADDRESS 393 WOODLAKE LN |
| 1.4 CITY-ST-ZIP DEERFIELD BCH FL 33442 |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME |
| 2.3 STREET ADDRESS |
| 2.4 CITY-ST-ZIP |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME |
| 3.3 STREET ADDRESS |
| 3.4 CITY-ST-ZIP |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME |
| 4.3 STREET ADDRESS |
| 4.4 CITY-ST-ZIP |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME |
| 5.3 STREET ADDRESS |
| 5.4 CITY-ST-ZIP |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME |
| 6.3 STREET ADDRESS |
| 6.4 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: *Philip Tuccelli* **Philip Tuccelli, President** DATE **5/1/97** **261-988-0881**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)