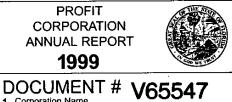
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90045 008 ***150.00

Corporation CROMWI Principal Place	ELL FINANCIAL SERVICES						
393 WOODLAKE LANE 393 WOODLAKE LANE							
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 3344					DO NOT WRITE IN T	HIS SPACE	
U\$ U\$					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
	<u>.</u>				09/21/1992		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FE! Number	\vdash	Applied For
21		26			65-0358592	<u> </u>	Not Applicable 5 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	*	Required
City & State	Α	City & State			6. Election Campaign Financing	` 	00 May Be
23	9	28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Country	у	8. This corporation owes the current year	Intangible	
24	25	29 3	0	_	Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent		<u>.</u>	10. Name and Address of New Register	ed Agent	
			81	Name			
TUCCELLI, PHILIP M.		1	82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
) JASMINE TERR		_				
DEFT	RAY BEACH FL 33483		83	3)			
			84	City	100	85 Z	ip Code
					oration submits this statement for the purpose	-L "	ite registered
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age	ations of, Section 607.0505, Fioric	a Statutes	y the corporations. S. ant signature requires	on's board of directors. I hereby accept the ap		·
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE			Chan	ge 🗀 Addition
NAME	TUCCELLI, PHILIP M.		1.2 NAME				}
STREET ADDRESS	393 WOODLAKE LN		1.3 STREE	ET ADDRESS			1
CITY-ST-ZIP	DEERFIELD BEACH FL		1.4 CITY-5				- DAddistan
TITLE	☐ DELETE 2.1		2.1 TITLE			☐ Chan	ge Addition
NAME			2.2 NAME				{
STREET ADDRESS			2.3 STREE	ET ADDRESS			
CITY-ST-ZIP		7 Devete :	2.4 CITY-		The second secon		ge ~ - Addition
TITLE			3.1 TITLE		·		90
NAME .			3.2 NAME				
STREET ADORESS			3.4 CITY-	ET ADDRESS			
C!TY-ST-ZIP		DELETE	4.1 TITLE			Chan	ige Addition
TITLE NAME			4. 2 NAME	1			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-				}
TITLE	•	☐ DELETE	5.1 TITLE			☐ Chan	nge Addition
NAME			5.2 NAME	:			
STREET ADDRESS			5.3 STREE	ET ADDRESS			}
CITY-\$T-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Chan	ge Addition
NAME			6.2 NAME	.			
OTDEET ADODESC	}		6.3 STREE	ET ADDRESS			

CITY-ST-ZIP 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 tree 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.

6.4 CITY-ST-ZIP

SIGNATURE: