

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortimer  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000024372 (2)**

1. Corporation Name  
**CORNERSTONE PARTNERS XII, INC.**



Principal Place of Business: **P.O. BOX 372667 SATELLITE BEACH FL**  
Mailing Address: **P.O. BOX 372667 SATELLITE BEACH FL**

3. Date Incorporated or Qualified: **03/29/1994** 3a. Date of Last Report: **06/05/1995**  
4. FEI Number: **59-3230877** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 7800 E. Kemper Road** Suite, Apt. #, etc.: **22** City & State: **23 Cincinnati, OH** Zip: **24 45249** Country: **25 USA**  
2a. Mailing Address: **26 7800 E. Kemper Road** Suite, Apt. #, etc.: **27** City & State: **28 Cincinnati, OH** Zip: **29 45249** Country: **30 USA**

9. Name and Address of Current Registered Agent  
**DEHARDER, ROBERT**  
**1077 HIGHWAY A1A**  
**SATELLITE BEACH FL**

10. Name and Address of New Registered Agent  
81 Name: **Wilson Atkinson**  
82 Street Address (P.O. Box Number is Not Acceptable): **Atkinson, Diner, Stone, Black & Mankuta, P.A.**  
83 **1946 Tyler Street**  
84 City: **Hollywood** FL 85 Zip Code: **33022**

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]* Date: **4/22/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DEHARDER, ROBERT	
STREET ADDRESS	1077 HIGHWAY A1A	
CITY - ST - ZIP	SATELLITE BEACH FL 32937	
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

11 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Deharder, Robert	
13 STREET ADDRESS	1077 Highway A1A	
14 CITY - ST - ZIP	Satellite Beach FL 32937	
21 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	W.O. Brisben	
23 STREET ADDRESS	7800 East Kemper Road	
24 CITY - ST - ZIP	Cincinnati, OH 45249	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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-04/29/96--01010--800-96  
\*\*\*200.00  
*[Handwritten initials]*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**W.O. Brisben, President**

4/19/96 513-489-1990

CR2E034 (12/95)