

**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 # P94000038259 (5)**

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



Principal Place of Business  
**7800 E. KEMPER RD.  
 CINCINNATI OH 45249**

Mailing Address  
**7800 E. KEMPER RD.  
 CINCINNATI OH 45249-1614**

3. Date Incorporated or Qualified **05/20/1994** 3a. Date of Last Report **04/26/1996**  
 4. FEI Number **59-3314258** 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 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**ATKINSON, DINER, STONE, BLACK & MANKUTA  
 1946 TYLER ST.  
 HOLLYWOOD FL 33022**

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's signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | VP                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | DEHARDER, ROBERT         |  |
| STREET ADDRESS | 1077 HIGHWAY A1A         |  |
| CITY-ST-ZIP    | SATELLITE BEACH FL 32937 |  |
| TITLE          | DP                       | <input type="checkbox"/> DELETE            |
| NAME           | BRISBEN, W.O.            |  |
| STREET ADDRESS | 7800 E. KEMPER RD.       |  |
| CITY-ST-ZIP    | CINCINNATI OH 45249      |  |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |                       |  |
| 1.3 STREET ADDRESS |                       |  |
| 1.4 CITY-ST-ZIP    |                       |  |
| 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          | VP                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | ROBERT E. SCHULER     |  |
| 3.3 STREET ADDRESS | 7800 EAST KEMPER ROAD |  |
| 3.4 CITY-ST-ZIP    | CINCINNATI, OH 45249  |  |
| 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: *[Signature]*

JOSEPH A. ENGLISH, JR. (52)484-1800

CR2E034 (9/96)