

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000002692 (8)

1. Corporation Name
CORNERSTONE PARTNERS 37, INC.



Principal Place of Business: **1077 HIGHWAY A1A SATELLITE BEACH FL 32937**
Mailing Address: **1077 HIGHWAY A1A SATELLITE BEACH FL 32937**

3. Date Incorporated or Qualified: **01/11/1995**
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 7800 E. Kemper Road	26 7800 E. Kemper Road	59-3286867	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23 Cincinnati, OH	28 Cincinnati, OH	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24 Zip 45249	25 Country USA		
29 Zip 45249	30 Country USA		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEHARDER, ROBERT 1077 HIGHWAY A1A SATELLITE BEACH FL 32937	B1 Name Wilson Atkinson B2 Street Address (P.O. Box Number is Not Acceptable) Atkinson, Diner, Stone, Black & Mankuta, P.A. B3 1946 Tyler Street B4 City Hollywood FL B5 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: *Wilson Atkinson* DATE: **4-29-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEHARDER, ROBERT	1.2 NAME	Deharder, Robert
STREET ADDRESS	1077 HIGHWAY A1A	1.3 STREET ADDRESS	1077 Highway A1A
CITY-ST-ZIP	SATELLITE BEACH FL 32937	1.4 CITY-ST-ZIP	Satellite Beach FL 32937
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	W.O. Brisben
STREET ADDRESS		2.3 STREET ADDRESS	7800 East Kemper Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Cincinnati, OH 45249
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	000001839210 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-05/24/96--01097--035
STREET ADDRESS		5.3 STREET ADDRESS	***200.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *William O. Brisben* DATE: **April 26, 1996** (513) 489-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (12/95)