

**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 # P95000002701 (7)**

1. Corporation Name  
**CORNERSTONE PARTNERS 52, INC.**

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

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/11/1995</b>	3a. Date of Last Report <b>05/16/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FET Number <b>-APPLIED FOR- 59-3289197</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
<b>ATKINSON, WILSON, P.A., ETAL 1945 TYLER ST. HOLLYWOOD FL 33022</b>		81	Name		
		82	Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '97	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEHARDER, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>1077 HIGHWAY A1A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SATELLITE BEACH FL 32937</b>	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRISBEN, W.O.</b>	2.2 NAME	
STREET ADDRESS	<b>7800 E. KEMPER ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CINCINNATI OH 45249</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>VP</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>SCHULER, ROBERT E.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>7800 EAST KEMPER ROAD</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>CINCINNATI, OH 45249</b>
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 does not qualify for the exemption stated in Section 119.07(3)(j), 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: \_\_\_\_\_

CR2E034 (9/96)