

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000002709 (0)
1. Corporation Name
CORNERSTONE PARTNERS 54, 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: **21 7800 E. Kemper Road**
2a. Mailing Address: **26 7800 E. Kemper Road**

4. FEI Number: **59-3286864**
Applied For: Not Applicable

Suite, Apt. #, etc.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23 Cincinnati, OH**
City & State: **27 Cincinnati, OH**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24 45249** Country: **25 USA**
Zip: **29 45249** Country: **30 USA**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**DEHARDER, ROBERT
1077 HIGHWAY A1A
SATELLITE BEACH FL 32937**

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 607.1503, 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]*
Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)
DATE: **4-29-96**

12. OFFICERS AND DIRECTORS

TITLE	D <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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 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
2.1 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
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	900001839219
43 STREET ADDRESS	-05/24/96--01097--038
44 CITY-ST-ZIP	***200.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(a) 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]* **William O. Brisben** April 26, 1996 (513) 489-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)