

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 # **P95000005845 (9)**

1. Corporation Name
CORNERSTONE PARTNERS 36, 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
01/23/1995

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
59-3343986

Applied For
Not Applicable

Suite, Apt. #, etc.

22

27

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

City & State
23 **Cincinnati, OH**

28 **Cincinnati, OH**

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

Zip Country
24 **45249** 25 **USA**

29 **45249** 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 607.0532 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 607.0503, Florida Statutes.

SIGNATURE *Robert Deharder*

DATE **4/22/96**

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	D	<input checked="" type="checkbox"/> DELETE
NAME	WADDELL, JUANITA	
STREET ADDRESS	143 COCOA AVE.	
CITY-ST-ZIP	INDIALANTIC FL 32903	
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
1.2 NAME	Deharder, Robert	
1.3 STREET ADDRESS	1077 Highway A1A	
1.4 CITY-ST-ZIP	Satellite Beach FL 32937	
2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	W.O. Brisben	
2.3 STREET ADDRESS	7800 East Kemper Road	
2.4 CITY-ST-ZIP	Cincinnati, OH 45249	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

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*****200.00**

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)(g), 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: *W.O. Brisben*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 513-489-1990

W.O. Brisben, President

CR2E034 (12/95)