

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 # P95000048136 (2)

1. Corporation Name

CORNERSTONE PARTNERS 68, INC.



Principal Place of Business

Mailing Address

1077 HWY A1A
SATELLITE BEACH FL 32937

1077 HWY A1A
SATELLITE BEACH FL 32937

2. Principal Place of Business

2a. Mailing Address

21 7800 E. Kemper Road

26 7800 E. Kemper Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Cincinnati, OH

28 Cincinnati, OH

Zip

Country

Zip

Country

24 45249

25 USA

29 45249

30 USA

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEHARDER, ADRIANA
1077 HWY A1A
*SATELLITE BEACH FL 32937

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 607.1508, 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]

(NOTE: Registered Agent signature required when reinstating)

4-29-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	DEHARDER, ROBERT	
STREET ADDRESS	1077 HWY 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	D	<input checked="" type="checkbox"/> DELETE
NAME	DEHARDER, ADRIANA	
STREET ADDRESS	3061 HWY A1A	
CITY-ST-ZIP	MELBOURNE BEACH FL	
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		

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	700001839217	
4.4 CITY-ST-ZIP	-05/24/96--01097--037	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	***200.00	
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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William O. Brisben

April 26, 1996

Date

(513) 489-1990

Daytime Phone #

CR2E034 (12/95)