

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
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DOCUMENT # P95000054852 (5)

1. Corporation Name
CORNERSTONE PARTNERS 77, INC



Principal Place of Business 1077 HIGHWAY A1A SATELLITE BEACH FL 32937	Mailing Address 1077 HIGHWAY A1A SATELLITE BEACH FL 32937
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3. Date Incorporated or Qualified 07/12/1995	3a. Date of Last Report
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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

4. FEI Number 59-3304639	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 607.1508, 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 607.0501, Florida Statutes.

SIGNATURE *[Signature]*

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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEHARDER, ROBERT	1.2 NAME	VP 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 E. 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	400001839214
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-05/24/96--01097--036
TITLE	<input type="checkbox"/> DELETE	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	<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: *[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)