

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 611027 (4)

1. Corporation Name
CORNERSTONE RESTORATIONS, INC.

Principal Place of Business
221 N CAUSEWAY
NEW SMYRNA BEACH FL 32169
US

Mailing Address
221 N CAUSEWAY
NEW SMYRNA BEACH FL 32169-5239
US

FILED
Mar 26 1997 8:00am
Secretary of State



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

SPENCE, HAL
221 N CAUSEWAY
NEW SMYRNA BCH FL 32169

3. Date Incorporated or Qualified

02/26/1979

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1931156

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of a duly authorized officer or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DAVICH, DOUG	
STREET ADDRESS	91-1222 ALA NUI MAUKA ST	
CITY, ST, ZIP	EWA BEACH HI	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DAVICH, ANITA	
STREET ADDRESS	91-1222 ALA NUI MAUKA ST	
CITY, ST, ZIP	EWA BEACH HI	
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

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DAVICH, M. DOUGLAS	
13 STREET ADDRESS	91-1222 ALA NUI MAUKA ST	
14 CITY, ST, ZIP	EWA BEACH, HI 96706	
21 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DAVICH, ANITA	
23 STREET ADDRESS	91-1222 ALA NUI MAUKA ST.	
24 CITY, ST, ZIP	EWA BEACH, HI 96706	
31 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	MILAN D. DAVICH	
33 STREET ADDRESS	91-1222 ALA NUI MAUKA ST.	
34 CITY, ST, ZIP	EWA BEACH, HI 96706	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

M. Douglas Davich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. DOUGLAS DAVICH

3/20/97

808 681-3786

Date Daytime Phone #

CR2E034 (9/96)