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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F24883**

(3)

1. Corporation Name

CORNERSTONE SYSTEMS, INC.



Principal Place of Business

**250 EAGLE DRIVE
JUPITER FL 33477**

Mailing Address

**250 EAGLE DRIVE
JUPITER FL 33477**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ZETLER, JAMES
250 EAGLES DRIVE
JUPITER FL 33477**

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 (Typed or printed name of registered agent and then sign it with a

Signature (Typed or printed name of registered agent and then sign it with a

Date

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

NAME
ZETLER, JAMES
STREET ADDRESS
250 EAGLE DRIVE
CITY-STATE-ZIP
JUPITER FL

11 TITLE ☐ DELETE

NAME
ZETLER, PATRICIA
STREET ADDRESS
250 EAGLE DRIVE
CITY-STATE-ZIP
JUPITER FL

11 TITLE ☐ DELETE

NAME
ZETLER, PATRICIA
STREET ADDRESS
250 EAGLE DRIVE
CITY-STATE-ZIP
JUPITER FL

11 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

11 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

11 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE ☐ Change ☒ Addition

NAME
V RIVERS, CHRISANNE
STREET ADDRESS
2243 BLUE SPRINGS RD.
CITY-STATE-ZIP
WEST PALM BEACH FL

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Zetler, Treas.

3/18/96 407-747-1813

CR2E034 (12/95)