

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 08 1997 8:00 am
Secretary of State

DOCUMENT # F96000006580 (2)
1. Corporation Name
CORNERSTONE SALES & SERVICE CORPORATION



Principal Place of Business Mailing Address
432 WESTRIDGE DR. 432 WESTRIDGE DR.
WATSONVILLE CA 95076 WATSONVILLE CA 95076

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/11/1996			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		77-0443151		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, MERLE D	1.2 NAME	
STREET ADDRESS	432 WESTRIDGE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WATSONVILLE CA 95076	1.4 CITY-ST-ZIP	
TITLE	DC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYLLAND, RICHARD R	2.2 NAME	
STREET ADDRESS	432 WESTRIDGE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WATSONVILLE CA 95076	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAXTER, KEITH G	3.2 NAME	
STREET ADDRESS	432 WESTRIDGE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WATSONVILLE CA 95076	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWELL, DANIEL K	4.2 NAME	
STREET ADDRESS	432 WESTRIDGE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WATSONVILLE CA 95076	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITTRELL, CHARLES J	5.2 NAME	
STREET ADDRESS	432 WESTRIDGE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WATSONVILLE CA 95076	5.4 CITY-ST-ZIP	
TITLE	VCFO	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOEDDE, RONALD J	6.2 NAME	
STREET ADDRESS	432 WESTRIDGE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WATSONVILLE CA 95076	6.4 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: _____

SIGNATURE REQUIRED

Goedde, RONALD J

CP2E034 (4/97)