FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 9:25

DOCUMENT # **H34815** **(1)**

1. Corporation Name
CORNERSTONE EQUITIES, INC.

Principal Place of Business	Mailing Address
~~242 N. WESTMONTE DR. STE 102~~ ALTAMONTE SPRINGS FL 32714	~~242 N. WESTMONTE DR. STE 102~~ ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1994
3a. Date of Last Report: 08/01/1994

2. Principal Place of Business
21 921 Douglas Ave
22 Suite 204
23 Altamonte Springs, FL
24 Zip 32714 25 Country

2a. Mailing Address
26 ← SAME
27
28 City & State
29 Zip 30 Country

4. FEI Number: 59-2498219 ☐ 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

9. Name and Address of Current Registered Agent

~~BRINK, HOWARD~~
~~242 N. WESTMONTE DR.~~
~~SUITE 102~~
~~ALTAMONTE SPRINGS FL 32714~~

10. Name and Address of New Registered Agent

81 Name: Gregory A. Boyd
82 Street Address (P.O. Box Number is Not Acceptable): 921 Douglas Ave
83
84 City: Altamonte Springs FL 85 Zip Code: 32714

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: Gregory A Boyd (Signature (typed or printed name of registered agent and title if applicable)) (NOTE: Registered Agent signature required when mandatory) DATE: 3-15-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☐ Change ☒ Addition
NAME	MONROE, MARK	12 NAME	Gregory A Boyd	
STREET ADDRESS	242 N WESTMONTE DR 102	13 STREET ADDRESS	921 Douglas Ave	
CITY ST ZIP	ALTAMONTE SPRINGS FL	14 CITY ST ZIP	Altamonte Springs, Fl 32714	
TITLE	VPD	21 TITLE		☐ Change ☐ Addition
NAME	HACKETT, SHANE	22 NAME		
STREET ADDRESS	242 N WESTMONTE DR 102	23 STREET ADDRESS		
CITY ST ZIP	ALTAMONTE SPRINGS FL	24 CITY ST ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	BRINK, HOWARD	32 NAME		
STREET ADDRESS	242 N WESTMONTE DR 102	33 STREET ADDRESS		
CITY ST ZIP	ALTAMONTE SPRINGS FL	34 CITY ST ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	HILLIARD, ROBERT H	42 NAME		
STREET ADDRESS	242 WESTMONTE DR.	43 STREET ADDRESS		
CITY ST ZIP	ALTAMONTE SPRINGS FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: Gregory A Boyd — 3/15/95 — (407) 774-3400
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Telephone Number

0000648 CP