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- PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 JUL 25 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Corporation Name

CORNERSTONE EQUITIES, INC.

Principal Place of Business	Mailing Address
921 DOUGLAS AVE STE 206 ALTAMONTE SPRINGS FL 32714 US	921 DOUGLAS AVE STE 206 ALTAMONTE SPRINGS FL 32714 US

2. Principal Place of Business	2a. Mailing Address
21 250 Crown Oak Centre Drive	26 250 Crown Oak Centre Drive
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: Longwood, Florida	28 City & State: Longwood, Florida
24 Zip: 32750 / 25 Country: Seminole	29 Zip: 32750 / 30 Country: Seminole

3. Date Incorporated or Qualified: **12/19/1984**
3a. Date of Last Report: **03/30/1995**

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

BOYD, GREGORY A.
921 DOUGLAS AVE
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: David Phillips
82 Street Address (P.O. Box Number is Not Acceptable): 250 Crown Oak Centre Dr.
83
84 City: Longwood FL 85 Zip Code: 32750

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: X David Phillips 18 Jul 96
(Signature, typed or printed name of registered agent, and title, if applicable) (Title: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOYD, GREGORY A. 921 DOUGLAS AVE ALTAMONTE SPRINGS FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VPD David Phillips 250 Crown Oak Centre Dr. Longwood, FL 32750	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HACKETT, SHANE 242 N WESTMONTE DR 102 ALTAMONTE SPRINGS FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	800001904568 -07/25/96--01068--022 ****233.75 ****233.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: X David Phillips 18 Jul 96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #