

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # H34941 (5)

1. Corporation Name

CORNERSTONE FINANCIAL ADVISORY, INC.

Principal Place of Business

4560 VIA ROYALE STE 1  
FT. MYERS FL 33919

Mailing Address

4560 VIA ROYALE STE 1  
FT. MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1984

4. FEI Number

59-2592008

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

SMITH, H. JEFFREY  
12493 BARRINGTON COURT  
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

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

13 Catalpa Court

83

84 City

Fort Myers

FL

85 Zip Code

33919

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME MONSON, JAMES W.  
STREET ADDRESS 4560 VIA ROYALE, STE 1  
CITY-ST-ZIP FT. MYERS FL ☒ DELETE

TITLE S  
NAME NEWTON, SANDRA JO  
STREET ADDRESS 4560 VIA ROYALE STE 1  
CITY-ST-ZIP FT. MYERS FL ☒ DELETE

TITLE T  
NAME STOKES, CATHERINE E  
STREET ADDRESS 4560 VIA ROYALE, SUITE 1  
CITY-ST-ZIP FORT MYERS FL 33919 ☒ DELETE

TITLE VP  
NAME SWISHER, THOMAS J  
STREET ADDRESS 4560 VIA ROYALE STE 1  
CITY-ST-ZIP FT MYERS FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE H. Jeffrey Smith ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 13 Catalpa 4560 Via Royale  
1.4 CITY-ST-ZIP Suite one Fort Myers FL 33919

2.1 TITLE H. Jeffrey Smith ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS S, + T.  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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:

H. Jeffrey Smith

1/6/98

CR2E034 (10/97)