
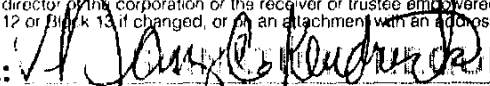
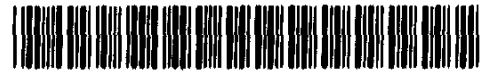


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # J87254 (5)</b> 1. Corporation Name <b>CORNERSTONE MORTGAGE &amp; INVESTMENT CORPORATION</b>					
Principal Place of Business <b>202 WEST BROADWAY FT. MEADE FL 33841</b>			Mailing Address <b>P O BOX 1172 FT. MEADE FL 33841-1172 US</b>		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified <b>08/10/1987</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report <b>05/01/1996</b>	
City & State 23		City & State 28		4. FEI Number <b>59-2830507</b>	
Zip 24		Country 25		Applied For Not Applicable	
Country 25		Country 29		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country 29		Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>KENDRICK, RUFUS E., III 1020 N.E. 9TH ST. FT. MEADE FL 33841</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 _____ DATE _____ (NOTE: Registered Agent signature required when re-appointing)					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME <b>KENDRICK, R.E. III</b>					
1.3 STREET ADDRESS <b>1020 NE 9TH ST.</b>					
1.4 CITY-ST-ZIP <b>FT. MEADE FL</b>					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME <b>FRAZIER, CLAYTON W.</b>					
2.3 STREET ADDRESS <b>202 WEST BROADWAY</b>					
2.4 CITY-ST-ZIP <b>FT. MEADE FL</b>					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME <b>KENDRICK, NANCY C.</b>					
3.3 STREET ADDRESS <b>1020 N.E. 9TH ST.</b>					
3.4 CITY-ST-ZIP <b>FT. MEADE FL</b>					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME <b>FRAZIER, TAMMIE C.</b>					
4.3 STREET ADDRESS <b>202 WEST BROADWAY</b>					
4.4 CITY-ST-ZIP <b>FT. MEADE FL</b>					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
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 in an attachment with an address.					
SIGNATURE:  <b>RECORDED</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					



CR2E034 (9/96)