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FILED  
Jun 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K58678 (9)  
1. Corporation Name  
COBBLESTONE DEVELOPMENT COMPANY



Principal Place of Business Mailing Address  
C/O THE CORNERSTONE GROUP, A FL GROUP C/O THE CORNERSTONE GROUP, A FL GROUP  
10568 WHOOPING CRANE WAY 10568 WHOOPING CRANE WAY  
PALM CITY FL 34990 PALM CITY FL 34990-7605

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/17/1989		06/14/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		65-0133227		Not Applicable	
24 Country		29 Country		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				10. Name and Address of New Registered Agent			
THE CORNERSTONE GROUP, A FLORIDA GROUP				81 Name			
10568 WHOOPING CRANE WAY				82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 401				83			
PALM CITY FL 34990				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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PO	NAME	POSILICO, MARIO A	1.1 TITLE		1.2 NAME	
STREET ADDRESS		STREET ADDRESS	10568 WHOOPING CRANE WAY	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	PALM CITY FL	2.1 TITLE		2.2 NAME	
TITLE	VD	NAME	POSILICO, JOSEPH D. JR	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	15 BEAUX ARTS LANE	3.1 TITLE		3.2 NAME	
CITY-ST-ZIP		CITY-ST-ZIP	HUNTINGTON BAY NY	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	T	NAME	MEEHAN, ROBIN L.	4.1 TITLE		4.2 NAME	
STREET ADDRESS		STREET ADDRESS	3017 SW LONGLEAF COURT	4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	PORT ST. LUCIE FL	5.1 TITLE		5.2 NAME	
TITLE	S	NAME	MEEHAN, ROBIN L.	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	3017 SW LONGLEAF COURT	6.1 TITLE		6.2 NAME	
CITY-ST-ZIP		CITY-ST-ZIP	PORT ST PIERCE FL	6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		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 Robert Meehan 5/1/97 59250

CR2E034 (9/96)