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May 01 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 # L02203 (2)
1. Corporation Name
CORNERSTONE CUSTOM HOMES, INC.



Principal Place of Business: 52 CREEK BLUFF WAY, ORMOND BEACH FL 32173, US
Mailing Address: P. O. BOX 730384, ORMOND BEACH FL 32173-0384, US

3. Date Incorporated or Qualified: 07/14/1989
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 52 CREEK BLUFF WAY, ORMOND BCH. FL., 32174, VOLUSIA
2a. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: 59-2969300
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: HOPE, JAMES C, 52 CREEK BLUFF WAY, ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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: JAMES C. HOPE (typed name), James C. Hope (handwritten signature), 4/22/97 (DATE)

12. OFFICERS AND DIRECTORS

TITLE	D	HOPE, JAMES C	<input type="checkbox"/> DELETE
NAME		HOPE, JAMES C	
STREET ADDRESS		52 CREEK BLUFF WAY	
CITY-ST-ZIP		ORMOND BEACH FL	
TITLE	ST	MICHELE R. HOPE	<input type="checkbox"/> DELETE
NAME		MICHELE R. HOPE	
STREET ADDRESS		52 CREEK BLUFF WAY	
CITY-ST-ZIP		ORMOND BEACH FL	
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MICHELE A. HOPE
2.3 STREET ADDRESS	52 CREEK BLUFF WAY
2.4 CITY-ST-ZIP	ORMOND BCH FL., 32174
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 on an attachment with an address.

SIGNATURE: James C. Hope, Michele A. Hope, 4/22/97

CR2E034 (9/96)