

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L02203 (2)
1. Corporation Name
CORNERSTONE CUSTOM HOMES, INC.



Principal Place of Business 52 CREEK BLUFF WAY ORMOND BEACH FL 32174 US	Mailing Address P. O. BOX 730384 ORMOND BEACH FL 32173 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 60 CREEK BLUFF WAY		2a. Mailing Address 26		3. Date Incorporated or Qualified 07/14/1989	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2969300	
City & State 23 ORMOND BEACH, FL.		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32174	Country 25 VOLUSIA	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HOPE, JAMES C 52 CREEK BLUFF WAY ORMOND BEACH FL 32174				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 HOPE, JAMES C	
				82 Street Address (P.O. Box Number is Not Acceptable) 60 CREEK BLUFF WAY	
				83	
				84 City ORMOND BCH, FL	
				85 Zip Code 32174	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	HOPE, JAMES C	1.2 NAME	HOPE, James C.
STREET ADDRESS	52 CREEK BLUFF WAY	1.3 STREET ADDRESS	60 CREEK BLUFFWAY
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	ORMOND BCH, FL, 32174
TITLE	S	2.1 TITLE	S
NAME	MICHELE R. HOPE	2.2 NAME	MICHELE A. HOPE
STREET ADDRESS	52 CREEK BLUFF WAY	2.3 STREET ADDRESS	60 CREEK BLUFF WAY
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	ORMOND BCH FL, 32174
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 **JAMES C. HOPE** **JAMES C. HOPE** 4/21/98 904 673 5975

CR2E034 (10/97)