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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 23 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N49926** (1)

1. Corporation Name

CORNERSTONE DISTRIBUTION CENTER, INC.

DO NOT WRITE IN THIS SPACE

3. Data Incorporated or Qualified 07/17/1992	3a. Date of Last Report 01/19/1994
4. FEI Number 59-3139883	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
515 N ORANGE BLOSSOM TR ORLANDO FL 32805 US		515 N ORANGE BLOSSOM TR ORLANDO FL 32805 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
			30

9. Name and Address of Current Registered Agent

**FERRILLI, PAUL C.
515 N ORANGE BLOSSOM TR
ORLANDO FL 32805**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	SANDERS, JOHN A.
STREET ADDRESS	111 N. ORANGE AVE., SUITE 1800
CITY - ST - ZIP	ORLANDO FL
TITLE	PD
NAME	FERRILLI, PAUL C.
STREET ADDRESS	515 N. ORANGE BLOSSOM TR.
CITY - ST - ZIP	ORLANDO FL
TITLE	VD
NAME	GASTALDO, EDWARD
STREET ADDRESS	515 N. ORANGE BLOSSOM TR.
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EDWARD S. BAKLOR	
1.3 STREET ADDRESS	3201 E. COLONIAL DRIVE	
1.4 CITY - ST - ZIP	ORLANDO, FL. 32803	
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ARTHUR L. FREEMAN	
4.3 STREET ADDRESS	7007 SEA WORLD DRIVE	
4.4 CITY - ST - ZIP	ORLANDO, FL. 32821	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul C. Ferrilli (PRES.) PAUL C. FERRILLI 1-16-95 407-649-4100

12-23-95