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Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000037204 (3)

1. Corporation Name
CORNERSTONE WELLNESS, INC.



Principal Place of Business

Mailing Address

429 MAINSAIL CT
LAKE MARY FL 32746

P.O. BOX 852078
LAKE MARY FL 32795

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1900 Boothe Circle

2a. Mailing Address

26 P.O. Box 952078

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 100

27

City & State

City & State

23 Longwood, FL

28 Lake Mary, FL 32795

Zip

Country

Zip

Country

24 32750

25

USA

29 32795

30

USA

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TYREE, SHERI A
429 MAINSAIL CT.
LAKE MARY FL 32746

81 Name

Sheri Tyree

82 Street Address (P.O. Box Number is Not Acceptable)

249 Sheppard St.

83

84 City

Altamonte Springs

FL

85 Zip Code

32701

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 office, if applicable

Sheri Tyree

Sheri Tyree

(NOTE: Registered Agent signature required when reinstating)

7/16/98

DATE

12. OFFICERS AND DIRECTORS

TITLE VS ☐ DELETE

NAME JAMES M. McMILLEN,
STREET ADDRESS 429 MAINSAIL CT.
CITY-ST-ZIP LAKE MARY FL 32746

TITLE PT ☐ DELETE

NAME TYREE, SHERI A
STREET ADDRESS 429 MAINSAIL CT
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PT ☒ Change ☐ Addition

1.2 NAME James Mc Millen
1.3 STREET ADDRESS 429 Mainsail Court
1.4 CITY-ST-ZIP Lake Mary, FL 32746

2.1 TITLE VS ☒ Change ☐ Addition

2.2 NAME Sheri Tyree
2.3 STREET ADDRESS 249 Sheppard St.
2.4 CITY-ST-ZIP Altamonte Springs FL 32701

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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

Sheri Tyree

7/16/98

429 32746

CR2E034 (10/97)