FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000058696 (4)**

1. Corporation Name

CORNERSTONE MANAGEMENT RESOURCES, INC.

Principal Place of Business

3850 TAMPA RD
SUITE 101
PALM HARBOR FL 34684

Mailing Address

3850 TAMPA RD
SUITE 101
PALM HARBOR FL 34684

3. Date Incorporated or Qualified: **08/18/1993**

3a. Date of Last Report: **04/10/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: **59-3204061** ☐ Applied For ☐ Not Applicable

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 is subject to the liability for intangible tax under s. 199.032, Florida Statutes. [X] Yes ☐ No

9. Name and Address of Current Registered Agent

BULMAN, RICHARD C JR.
2 S BISCAYNE BLVD
SUITE 3310
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	TRALINS, ALAN H		1 NAME	
STREET ADDRESS	3850 TAMPA RD		1 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL		1 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	GEISLER, ROBERT		2 NAME	
STREET ADDRESS	3850 TAMPA RD		2 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL		2 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	NORBERGS, ANDA		3 NAME	
STREET ADDRESS	3850 TAMPA RD		3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL		3 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME	MCLAUGHLIN, TIMOTHY		4 NAME	
STREET ADDRESS	3850 TAMPA RD		4 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL		4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is true, accurate and complete, for profit corporations only. Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental requirement 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 added to the report with my address.

SIGNATURE: _____ 4/4/96 813 789-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

CR2E034 (12/95)