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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400038259 (5)

CORNERSTONE PARTNERS XXVIII, INC.

Principal Place of Business Mailing Address							4 6 000 11601 011/	. 18 18 18 1	
7800 E. KEMPI CINCINNATI O	7800 E. KEMPER RD. CINCINNATI OH 45249-16								
						3. Date Incorporated or Qualified 05/20/1994		ite of Last R 26/1996	teport
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For		
21		26			59-3314258	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27				5. Certificate of Status Desired	Sec Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country		Zip Country			8. This corporation has liability for			199.032,	
24 25		29 30							
	9. Name and Address of Current			т		10. Name and Address of New Re	gistered /	Agent	
	INSON, DINER, STONE, BLACK 8	MANKUTA	18	31	Name				
	6 TYLER ST.		8	32	Street Ac	of Address (P.O. Box Number is Not Acceptable)			
HOL	LYWOOD FL 33022		ļ			·			·
			1	33					
				34	City			85 Zip	Code
					O.I.J	FL			0000
agent. I a SIGNATURE	m familiar with, and accept the obligat	ions of, Section 607.0505, F	lorida Statu	les	3.	orporation submits this statement for the pration's board of directors. I hereby acceptions to the properties of directors and the properties of the propert	ÐATE		
12.	OFFICERS AND		13,			ADDITIONS/CHANGES TO OFFIC			
TITLE	· · ·	X perfie	1.1 THE					Change	☐ Addit₁on
NAME	DEHARDER, ROBERT 1077 HIGHWAY A1A		1.2 NAV						
STREET ADDRESS	SATELLITE BEACH FL 32937		1		ADDRESS				
CITY-ST-ZIP	DP DELETE			_	1-20			Change	Addition
	BRISBEN, W.O.			2.1 TillE 2.2 NAME				Onange	
NAME STREET ADDRESS	7800 E. KEMPER RD.			2.3 STREET ADDRESS					
	CINCINNATI OH 45249								
CITY-ST-ZIP TITLE	DELETE			Y - 5 E	5T - 7IP	/P		Change	Addition
NAME					,	COBERT E . SCHULER		L_1 ondinge	EB3 Nation
STREET ADDRESS			3.2 NAM 3.3 STR			ISOU CAST KEMIER ROAD			
CITY+ST-ZIP			3.4. Cil		1	CINCINNALL ON AZZAD	•		
TITLE	DELFTE			4.1 TILE		CHACINGALI ON JOAN		Change	Addition
NAME	\		4. 2 NA					•	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 CITY						
TITLE		DELETE.	5.1 TiTL					Change	Addition
NAME			5.2 NAN	4E					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CI11		i				
TITLE		DELETE	6.1 717 (Change	Addition
NAME			6.2 NAN	46	j				
STREET ADDRESS			63 S1H	EET	ADDRESS				
	1								

14. If 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 earth; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address.