

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000064731 (0)**

1. Corporation Name  
**THE CORNERSTONE GROUP, INC.**



Principal Place of Business: **12350 S. BELCHER ROAD SUITE 13A LARGO FL 34643**  
Mailing Address: **12350 S. BELCHER ROAD SUITE 13A LARGO FL 34643**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/29/1994</b>	3a. Date of Last Report <b>07/19/1995</b>
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>APPLIED FOR 59-3310013</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SORENSEN, CHRISTOPHER 12350 S. BELCHER ROAD SUITE 13A LARGO FL 34643</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 the corporation) \_\_\_\_\_ (Typed Name of Registered Agent)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PS	<input type="checkbox"/> DELETE		1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JOHNSON, TODD			2. NAME			
STREET ADDRESS	7219 3RD AVE. SOUTH			3. STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33707			4. CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> DELETE		2. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SORENSEN, CHRISTOPHER			2. NAME			
STREET ADDRESS	12350 S. BELCHER ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL 34643			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 119.07(3)(k), 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-96 813 523-1299  
Date Dept. Phone

CFR2E034 (12/95)