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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500002692 (8)

CORNERSTONE PARTNERS 37, INC.

OOMAL	. IIO I OITE	1 AITHENO OF	1110-									
Principal Place	e of Busines	Mailing	Mailing Address					E SAMONAND DIM SANDY BIELL MATTY AMENT MI	1111 BB111 BB11	10 11010 OH10 10	ilia ilai (AB)	
7800 E. KEMP	PER RD.		7800 E	7800 E. KEMPER RD.								
CINCINNATI OH 45249 CINCINNATI OH 45249									# C 110 = 11 - 11			
								_	DO NOT WRITE	- IN THIS	SPACE	
									Date Incorporated or Qualified 01/11/1995			
2. Principal P	lace of Busin	ness	2a. Mail	2a. Mailing Address				4	, FEI Number		h +	pplied For
21			26						59-3286867			ot Applicable
Suite, Apt.	#, etc.		\vdash	Suite, Apt. #, etc.				5	. Certificate of Status Desired			Additional lequired
City & State	e			City & State				- 6	. Election Campaign Financing			May Be
23			28	28				-	Trust Fund Contribution			to Fees
Zip	Country		Zip	Zip Cr		Country		8	. This corporation owes or has pa	aid the cur	rrent year in	itangible
24		25	29		30				Personal Property Tax due June			X No
		and Address of Cur	ent Registered	Agent		ļ.,		10	Name and Address of New Re	gistered	Agent	
	KINSON, W					81	Name					
1946 Tyler St. Hollywood Fl 33022				8:			Street A	ddress (P.O. Box Number is Not Accepta	ble)		
nu	ILLTWOOD	FL 33022						<u> </u>				
						83						
						84	City			FL	85 Zip	Code
11. Pursuant	to the provis	ions of Sections 607.0	502 and 607.15	08, Florida Statu	tes, the	Ll above	e-named o	orporatio	on submits this statement for the		<u>• I I</u> ∉changing i	its registered
o ffice or r	egistered ag	ent, or both, in the St. th, and accept the ob	ate of Florida. Su	uch ch ange w as	authoriz	ed by	the corpo	oration's	board of directors. I hereby acce	pt the apr	ointment as	registered
Ť	urs leuromeu vy	in, and accept the on	nganons or, sec	1001 007.0505, r	IOTIUA SI	arutes	5.					
SIGNATURE	Signature, typeid	or printed name of togistered	agent and title it appre	cable (NO	1F: Register	red Agn	ni signature i	quired whe	n reinstatin g)	DATE		
12.		OF LICERS A	ND DIRECTOR		13				ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	DP			☐ DELETE	1.1	THLE					Change	☐ Addition
NAME	BRISBE				1.2	NAME	}					}
STREET ADDRESS 7800 E. KEMPER RD. CITY-ST-7IP CINCINNATI OH 45249						1.3 STREET ADDRESS						
CITY-ST-ZIP		NAII UN 45249		- Facilities		CITY-S	T-ZIP					
TITLE	VP COULE	R, ROBERT E		☐ DELÉTE		TITLE					Change	Addition
NAME		KEMPER RD				NAME						
STREET ADDRESS	CINCINN						ADDRESS					1
CITY-ST-ZIP	Ontont	WALL OIL		DELETE		CITY-S	ST-ZIP				Change	Addition
TITLE NAME				FT DECEIL		NAME	}				U Vilailye	LI NOVILION
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					- 8	CITY-S	í					
TITLE				DELETE		TITLE	si-Zir				Change	Addition
NAME						NAME						
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP						CHTY-S						
TITLE				DELETE	_	TITLE					Change	Addition
NAME					1	NAME	1				-	1
STREET ADDRESS					5.3	STREET	ADDRESS					
CITY-ST-ZIP					5.4	CITY - S	T-ZIP					
TIFLE				DELETE		TITLE		· 			☐ Change	Addition
NAME					6.2	NAME						
STREET ADDRESS					6.3	STREET	ADDRESS					
CITY-ST-ZIP					6.4	CITY-S	T - ZIP					

14. Thereby 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 address.

SIGNATURE:

Lillian O. BRICHE

ulaete.

(50) 489 - 1992

FILED

May 14 1998 8:00am

Secretary of State