

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
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DOCUMENT # P95000002709 (0)

1. Corporation Name

CORNERSTONE PARTNERS 54, INC.



Principal Place of Business

1077 HIGHWAY A1A
SATELLITE BEACH FL 32937

Mailing Address

1077 HIGHWAY A1A
SATELLITE BEACH FL 32937

3. Date Incorporated or Qualified 01/11/1995
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 7800 E. Kemper Road

26 7800 E. Kemper Road

4. FEI Number

59-3286864

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Cincinnati, OH

City & State

28 Cincinnati, OH

Zip

24 45249

Country

25 USA

Zip

29 45249

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEHARDER, ROBERT
1077 HIGHWAY A1A
SATELLITE BEACH FL 32937

81 Name

Wilson Atkinson

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

Atkinson, Diner, Stone, Black & Mankuta, P.A.

83

1946 Tyler Street

84

City
Hollywood

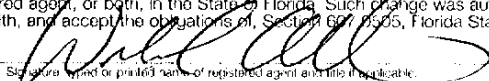
FL

85

Zip Code
33022

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 607.1505, Florida Statutes.

SIGNATURE



(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
DEHARDER, ROBERT
STREET ADDRESS
1077 HIGHWAY A1A
CITY-ST-ZIP
SATELLITE BEACH FL 32937

1.1 TITLE

VP

☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12 NAME

Deharder, Robert

13 STREET ADDRESS

1077 Highway A1A

14 CITY-ST-ZIP

Satellite Beach FL 32937

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

DP

☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

22 NAME

W.O. Brisben

23 STREET ADDRESS

7800 East Kemper Road

24 CITY-ST-ZIP

Cincinnati, OH 45249

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

NAME

STREET ADDRESS

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)(a) 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

William O. Brisben

April 26, 1996 (513) 489-1990
Date Daytime Phone #

CR2E034 (12/95)