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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami Secretary of State DIVISION OF COSPORATIONS

1996

P95000005845 (9) **DOCUMENT #**

1. Corporation Name CODNEDSTONE DARTNERS OF INC

CORN	EHSTONE PARTNERS 30.	INC.				
Principal Place o	f Business	Mailing Address			Beits 24(10 \$410) 22:40 24:41 48:11 9:26 (\$15) ;	
1077 HIGHWAY ATA		1077 HIGHWAY A1A				
SATELLITE BEACH FL 32937		SATELLITE BEACH FL 32937				
				3. Date Incorporated or Qualified 01/23/1995	3a. Date of Last Report	
2. Principal Plac	e of Business	2a. Making Address		4. FEI Number	Applied For	•
	. Kemper Road	26 7800 E. Kem	per Road	59-3343986	Not Applica	able
Suite, Apt. #,		Suite. Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additiona Fee Required	i)
City & State		City & State	01 01 1 01		\$5.00 May Be	
	nati, OH				Added to Fees	
Zφ	Country	Zip 4.504.0	Country 30 USA	-8. This corporation has liability for Florida Statutes	s XINo	
45249	25 USA 9. Name and Address of Curren		JUJ USA	10. Name and Address of New		
	9, Hallo Dila Padabas a		81 Name			
DEHAD	der, robert			Wilson Atkinson . .ddress (P.O. Box Number is Not Accepta	Hotol	
	IGHWAY A1A		82 Street A Atk	Inson, Diner, Stone, Black, & Mankuta, P.A		P.A
	ITE BEACH FL 32937		83			
0				6 Tyler Street	85 Zip Code	
			84 City Ho1	lywood	22022	
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above named co	rporation submits this statement for the pr	urpose of changing its registered of	off:ce
or registere	d agent, or both, in the State of Florid Landard ent the chimaters of Sect	da. Such chango was authorized ion 607 0508. Flor da 574 utes.	d by the corporation's	Lywood rporation submits this statement for the proport of directors. I hereby accept the ap	pointment as registered agent. Lar	''',
	11/2	110ben			4/22/9	6
SIGNATUREs	ignitive, typed or printed name of regulateral agest	and the distribution (NOTE	Encycliated April Squature re		DATE	<u> </u>
12.	OFFICERS AN		13.		FICERS AND DIRECTORS IN 12 K Change Addit	tion 7) You do
THTLE	D	□ DELETE	1 1 TIFLE	VP	K Change Additi	.1011
NAME	DEHARDER, ROBERT		1.2 NAME	Deharder, Robert		į
STREET ADDRESS	1077 HIGHWAY A1A	44	1.3 STREET ADDRESS	1077 Highway AlA	22027	
CITY-ST-ZIP	SATELLITE BEACH FL 329		14 CITY - S* - ZiP	Satellite Beach FL	32937 Change (X) Addit	tion C
TITLE	D MADOCH MANITA	₩ DELETE	2 1 THILF	DP	The pursuate Tail seque	
NAME	WADDELL, JUANITA		2.2 NAME	W.O. Brisben	_	i
STREET ADDRESS	143 COCOA AVE.		2 3 STREET ADDRESS	7800 East Kemper Roa	ıd	
CITY-ST-ZIP	INDIALANTIC FL 32903	[] DELETE	2.4 CITY - ST - ZIF 3.1 T.TLE	Cincinnati, OH 4524	Cnange Addit	tion
TiTL€		L.J becere	3.2 NAME		<u></u>	
NAME			3.3 STREET ADDRESS			
STREET ADDRESS			3 4 CITY - ST - ZIP			
CITY-ST-ZIP TITLE		DELETE	4. 1 TITLE		Change Addit	t-on
NAME		Ų.	4.2.NAME			7) h
STREET ADDRESS			4.3 STREET ADDRESS		(KT)	14
C-TY-ST-ZIP			4.4 C-TY - ST - ZIP		\\'\\	
TITLE		DELETE	5 1 TITLE			
NAME			5.2 NAME		()	.•
STREET ADORESS			5.3 STREET ADDRESS	4000018	322254	
CITY-ST-ZIP			5.4 City ST-ZiP	-05/15/960	<u> 1046027 </u>	
TITLE		☐ DELETE	6 1 TIFLE	***200.00	□ Ctk	
NAME			6.2 NAME			• •
STREET ADDRESS			63 STREET ADDRESS			
CITY 61 70			64 CITY - ST - ZIP			
14. I do hereb				alify for the exemption stated in Section 1 courate and that my signature shall have the		
L oath: that	the information indicated on this all I am an officer or director of the corp I Block 12 or Block 13 if changed, or	ioral on or the read ver or trustee	: empowered to execu	te this report as required by Chapter 607,	Florida Statutes; and that my nam	ne

SIGNATURE: SIGNATURE AND TYPED OF SIGNING OFFICER OR DIRECTOR W.O. Brisben President

4/19/96 513-489-1990 Date: Destrue Phone #