

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

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Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000021664

1. Corporation Name
 Cornerstone Connection of the Treasure Coast INC.

Principal Place of Business 8241 South US #1 Port St Lucie FL 34952 St. Lucie	Mailing Address 8241 South US 1 Port St Lucie FL 34952 St. Lucie County
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2. Principal Place of Business 21 8249 S. Federal Hwy Suite, Apt. #, etc. 22 City & State 23 Port St Lucie FL Zip Country 24 34952 25 St. Lucie	2a. Mailing Address 26 602 SW Biltmore St. Suite, Apt. #, etc. 27 City & State 28 Port St Lucie FL Zip Country 29 34983 30 St. Lucie
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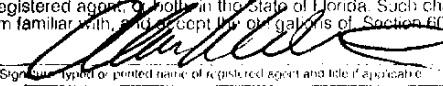
3. Date Incorporated or Qualified 3/16/95	3a. Date of Last Report 9/24/96
4. FEI Number 65-0632114	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent
 Connie Bishop
 8257 South US #1
 Port St Lucie FL 34952

10. Name and Address of New Registered Agent

81 Name	ALAN WEIERMAN
82 Street Address (P.O. Box Number is Not Acceptable)	1800 CAMEO BLVD SW
83	
84 City	Port St Lucie FL
85 Zip Code	34953

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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  **ALAN WEIERMAN** 3/27/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

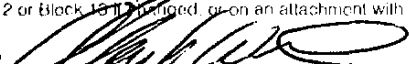
12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	Connie Bishop	
STREET ADDRESS	8257 S. US #1	
CITY-ST-ZIP	Port St Lucie FL 34952	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	☒ Change ☐ Addition
12 NAME	ALAN WEIERMAN	
13 STREET ADDRESS	1800 CAMEO BLVD SW	
14 CITY-ST-ZIP	Port St Lucie FL 34983	
21 TITLE	T/S	☐ Change ☒ Addition
22 NAME	Molly Weierman	
23 STREET ADDRESS	1800 CAMEO BLVD SW	
24 CITY-ST-ZIP	Port St Lucie FL 34953	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I 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 oath. 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:  **ALAN WEIERMAN** 3/27/97 561-879-7181
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (9/96)