

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

**APPROVED  
AND  
FILED**

**1997 MAY 20 PM 4: 28**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000044236 (4)**  
 1. Corporation Name  
**CORNERSTONE RESIDENTIAL CONSTRUCTION CORP.**



Principal Place of Business <b>3081 S. HWY. A1A MELBOURNE BEACH FL 32951</b>	Mailing Address <b>PO BOX 729 MELBOURNE BEACH FL 32902-0729</b>
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3. Date Incorporated or Qualified <b>05/31/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3315671</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1077 Hwy A1A</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>SAME AS ABOVE</b> Suite, Apt. #, etc.
22 City & State <b>SATELLITE BEACH</b>	27 City & State
23 Zip <b>32937</b>	24 Country <b>USA</b>

9. Name and Address of Current Registered Agent  
**DEHARDER, ROBERT  
3081 S. HWY. A1A  
MELBOURNE BEACH FL 32951**

10. Name and Address of New Registered Agent  
 81 Name **ROBERT DEHARDER**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1077 A1A**  
 83 **SATELLITE BEACH**  
 84 City  
 85 Zip Code  
**FL 32937**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DEHARDER, ROBERT</b>	
STREET ADDRESS	<b>3081 HIGHWAY A1A</b>	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL 32951</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D &amp; D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ROBERT DEHARDER</b>	
1.3 STREET ADDRESS	<b>1077 A1A</b>	
1.4 CITY-ST-ZIP	<b>SATELLITE BEACH FL 32937</b>	
2.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>JUANITA WADEL</b>	
2.3 STREET ADDRESS	<b>1095 NORTH A1A #603</b>	
2.4 CITY-ST-ZIP	<b>INDIAN ROCK FL 32903</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	<b>600002185606-11</b>	
4.4 CITY-ST-ZIP	<b>-05/20/97--01091--002</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	<b>***2145.00</b>	
5.4 CITY-ST-ZIP	<b>****165.00</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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, 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 the attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)

*Handwritten:* 100 5/20/97