

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

0118487

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JAN -7 AM 9: 36

DOCUMENT # P95000044236  
1. Corporation Name  
CORNERSTONE RESIDENTIAL CONSTRUCTION CORP.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: 1077 HWY A1A, SATELLITE BEACH FL 32937  
Mailing Address: PO BOX 729, MELBOURNE BEACH FL 32902

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2510 S. Hiway A1A	26	PO Box 729	05/31/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3315671	
22. City & State		27. City & State		5. Certificate of Status Desired	
23. Ft. Pierce, FL		28. Melbourne, FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
24. 34949 25. USA		29. 32902 30. USA		6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
DEHARDER, ROBERT  
1077 HWY A1A  
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent  
81 Name: Robert DeHarder  
82 Street Address (P.O. Box Number is Not Acceptable): 2510 S. Hiway A1A  
83 City: Ft. Pierce, FL  
84 Zip Code: 34949

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: Robert DeHarder  
Date: 1-6-99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DEHARDER, ROBERT	
STREET ADDRESS	1077 HWY A1A	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WADDELL, JUANITA	
STREET ADDRESS	1095 NORTH A1A., #603	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LAMBDIN, DAN	
STREET ADDRESS	1077 HWY A1A	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
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	P, V, S, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert J. DeHarder	
1.3 STREET ADDRESS	2510 S. Hiway A1A	
1.4 CITY-ST-ZIP	Ft. Pierce, FL 34949	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	000002742700-4	
2.4 CITY-ST-ZIP	-01/14/99-01120-003	
3.1 TITLE	***150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	***150.00	
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		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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 an attachment with an address, with all other like empowered.

SIGNATURE: Robert DeHarder, 1-6-99, 407-431-8108  
Date: 1-6-99 Daytime Phone #: 407-431-8108

CR2E094 (11/98)