

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
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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P95000044236

1. Corporation Name

CORNERSTONE RESIDENTIAL CONSTRUCTION CORP.

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		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired	
Ft. Pierce, FL		Melbourne, FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution	
24 34949 25 USA		29 32902 30 USA		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax.	
DEHARDER, ROBERT 1077 HWY A1A SATELLITE BEACH FL 32937				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81	Name	Robert De Harder
82	Street Address (P.O. Box Number is Not Acceptable)	2510 S. Hiway A1A
83	City	Ft. Pierce
84	State	FL
85	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 De Harder

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P, V, S, T, D
NAME	DEHARDER, ROBERT	1.2 NAME	Robert J. De Harder
STREET ADDRESS	1077 HWY A1A	1.3 STREET ADDRESS	2510 S. Hiway A1A
CITY-ST-ZIP	SATELLITE BEACH FL 32937	1.4 CITY-ST-ZIP	Ft. Pierce, FL 34949
TITLE	VP	2.1 TITLE	
NAME	WADDELL, JUANITA	2.2 NAME	
STREET ADDRESS	1095 NORTH A1A., #603	2.3 STREET ADDRESS	000002742700-4
CITY-ST-ZIP	INDIALANTIC FL 32903	2.4 CITY-ST-ZIP	-01/14/99-01120-003
TITLE	VP	3.1 TITLE	****150.00 ****150.00
NAME	LAMBDIN, DAN	3.2 NAME	
STREET ADDRESS	1077 HWY A1A	3.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE RE Robert De Harder

1-6-99

407-431-8108

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)