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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000048136 (2)

**CORNERSTONE PARTNERS 68, INC.** 

Principal Place 7800 E. KEMPI	er RD.	Mailing Address 7800 E. KEMPER RD. CINCINNATI OH 45249-1	1614					
					Date Incorporated or Qualified     06/16/1995	3a. Date of Last Report 05/01/1996		
2. Principal P	lace of Business	28. Mailing Address			4. FEI Number	Applied F	For	
21		26			59-3297230	Not Appli	licable	
Suite, Apt.	#, etc.	Suite, Apt. #. etc.			5. Certificate of Status Desired	\$8.75 Addition		
City & Stat		City & State			0 Fly 1 0 main F	Fee Required		
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May 8		
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for			
24]	25	29	30			Yes No		
	9. Name and Address of Curr	ent Registered Agent		81 Name	10. Name and Address of New Ro	egistered Agent		
	SON, ATKINSON			or marile				
	8 TYLER ST. Lywood fl 33022		İ	82 Street	Address (P.O. Box Number is Not Accepta	ble)		
nul	L14100D FL 33022		ļ	83				
				94 (0)		lan 7: 0: de		
				84 City		FL 85 Zip Code		
12.	Signature: typed or printed name of registered OFFICERS A	AND DIRECTORS	13.		c required when reinstating)  ADDITIONS/CHANGES TO OFF		12 Addition	
TITLE NAME	v Deharder, Robert	<b>X</b> DEFETE	1,1 1il 1,2 NA			L Change L A	Addition	
STREET ADDRESS	1077 HWY A1A			HFET ADORESS				
CITY-ST-ZIP	SATELLITE BEACH FL 3293	7	1	TY- \$1- 7IP				
TITLE	DP	DELETE	2 1 TIT	LF.		Change A	Additio	
NAME	BRISBEN, W.O.		2.2 NA	ML				
STREET ADDRESS	7800 E. KEMPER RD.			REET ADDRESS				
CITY-ST-ZIP TITLE	CINCINNATI OH 45249							
		DELETE		1Y+\$1+7IP	10	Change X A	Add-tin	
		☐ DELETE	2 4 CI 3 1 III 3.2 NA	LF	VP SCHULER, ROBERT E		Add-tio	
NAME		DELETE	3.1 III 3.2 NA	LF	SCHULER, ROBERT E		Adó-tio	
NAME Street address			3 1 1/1 3.2 NA 3.3 STI	LE ME	1 * *	ROAD 249		
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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 it made under oath; that I am an officer or director of the corporation or the receiver or trusted 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: // A S. W.

TOKERU A. ENGLIS

412019

512-494-1990

**FILED** 

May 15 1997 8:00am

Secretary of State