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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000059818 (1)

CORNERSTONE VALUATION GROUP INC.

Principal Place of Business	Mailing Address
5110 EISENHOWER BLVD. SUITE 200	5110 EISENHOWER BLVD. SUITE 200
TAMPA FL 33634	TAMPA FL 33634

FILED May 11 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						B) \$1110 10191 10191 11001 1611 1001	
5110 EISENHOWER BLVD. SUITE 200 5110 EISENHOWER BLVD. SUITE TAMPA FL 33634 TAMPA FL 33634). SUITE 200	DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified			
e Principal P	lane of Divines	Las Mailine Address			08/02/1995		
2. Principal Place of Business 2e, Mailing Address				4. FEI Number	Applied For		
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				59-3330679	Not Applicable		
22				5. Certificate of Status Desired 🔎	\$8.75 Additional Fee Required		
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
28				Trust Fund Contribution			
Zip	Country	Zip	Country		8. This corporation owes or has paid th		
24	25	29	30		Personal Property Tax due June 30. 🔏 Yes 🔲 No		
	g, Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent			
THO	OMPSON, DENNIS P		81	Name			
1150 CLEVELAND STREET			82	Street Add	ddress (P.O. Box Number is Not Acceptable)		
SUITE 301			[_	<u> </u>			
CLE	ARWATER FL 34815		83			-	
			84	City		- 85 Zip Code	
			ii				
office or r agent. I s	to the provisions of Sections 607.6 egistored agent, or both, in the St in familiar with, and accept the ob-	0502 and 607.1508, Florida Statu ate of Florida Such change was oligations of, Section 607.0505, Fl	tes, the abov authorized b orida Statute	e-named corp y the corpora s.	poration submits this statement for the purportion's board of directors. I hereby accept the	se of changing its registered a appointment as registered	
SIGNATURE	Signature, typed or printed name of registered	agent and title it applicable (NO	TE: Registered Ap	enl signature requi	ired when reinstating)	ATE	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	DELETE	1,1 TITLE			Change Addition	
NAME SCHULTZ, BRYAN K		1.2 NAME					
STREET ADDRESS 5110 EISENHOWER BLVD, SUITE 200		1.3 STREE	T ADDRESS		.]		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		1.4 CITY-1	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		•	Change Addition	
NAME			2.2 NAME				
STREET ADDRESS	23		2 3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE			3.1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS	1		3.3 STREE				
CITY-ST-ZIP		DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP		Change Addition	
TITLE NAME		4.		1			
STREET ADDRESS			4.3 STREE				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5.1 TITLE	51 - ZIP		Change Addition	
NAME			5.1 MAME				
STREET ADORESS			5 2 NAME	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-1	1			
TITLE		DELETE	6.1 TITLE	21- TIL		Change Addition	
NAME		band mayorb	6.2 NAME				
STREET ADDRESS			6.3 STREET	T ADDRESS		!	
CITY-ST-ZIP			6.4 CiTY-:	I .			
	partify that the information superlies	durith this files does not a still of			Section 110 07/3Vi) Florida Statuton I furth	nor cortify that the information	

indicated on this annual report or supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Fronca Statutes. Further certify that the information indicated on this annual report is true and execute 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 truefee emplowered 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 or an attachment with an address.

SIGNATURE: