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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9500064006 (6)

CORNERSTONE AND ASSOCIATES, INC.

Principat Place of Business	Mailing Address
1312 MANGO ISLE	1312 MANGO ISLI
FT. LAUDERDALE FL 33315	FT. LAUDERDALE

## FILED May 01 1997 8:00am Secretary of State



1312 MANGO I FT. LAUDERDA		FT. LAUDERDALE FL 33315-	1334		
				3. Date Incorporated or Qualified 08/17/1995	3a. Date of Last Report 04/26/1996
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2632	HOLLYWOOD BLVD.	26		65-0603136	Not Applicat
Suite, Apt  SUIT	#, etc E 300	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	iwood FL.	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
20 24 3302	Country	Zip 3	Country	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes 🐧 No
	9. Name and Address of Current			10. Name and Address of New Re	gistered Agent
FOG	ALE, JUDY D		81 Name		
	MANGO ISLE		82 Street Ad	idress (P.O. Box Number is Not Acceptate	ole)
FT. I	LAUDERDALE FL 33315				
			63		
			84 City	The state of the s	FL 85 Zip Code
11. Pursuant I	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named co	orporation submits this statement for the pration's board of directors. I hereby accept	
office or re agent if a	egistered agent, or both, in the State o m familiar with land accept the obligati	f Florida, Such change was au ons of, Section 607,0505, Flori	thorized by the corporida Statutes.	ration's board of directors. I hereby accept	of the appointment as registered
SIGNATURE	Stgrature typed or parted name of registered agont	and title it applicable. (NOTE:	Registered Agent signature rea	quired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TifeE	P	DELETE	1.1 TITLE		Change Additi
NAME	FOGLE, JUDY D.		1.2 NAME		
STREET ADDRESS	1312 MANGO ISLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 City-St-Zip		
TITLE		☐ DELETE	2.1 TITLE		Change Additi
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CiTY-ST ZIP	·	DELETE	2.4 CITY - ST - ZIP	<u> </u>	Change Additi
TITLE		☐ pereie	31 TITLE		. E3 Cisands E3 Muditi
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STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		T DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addit
NAM!		□ occur	4. 2 NAME		Last Vitaligo Last Model
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-S1-ZIP			4.4 CITY - ST - ZIP		
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NAME		<del></del>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY ST-ZIF			5.4 CITY-ST-ZIP		
HILF		DELETE	6.1 TITLE		☐ Change ☐ Addit
NAME		<del></del>	6.2 NAME	•	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-SI-7IP			6.4 CITY-ST-ZIP		
14. I do heret	by certify that the information supplied	with this filing does not qualify	for the exemption star	ted in Section 119.07(3)(i), Florida Statute	s. I further certify that the
informațio	in indicated on this annual report or su	ppiemental annual report is tru	ie and accurate and th	ted in Section 119.07(3)(1), Florida Statute hat my signature shall have the same legs port as required by Chapter 607, Florida S	al effect as if made under oath; t

DOY D. FOGLE 4-21-97