FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

	PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTMENT OF STATE Sandra B. Morlinam Secretary of State DIVISION OF CORPORATIONS								
	OCUMENT #	P95000075284 (6)								
	CORNERSTONE PARTNERS 81, INC.									
Pr	incipal Place of Business	Mailing Address								
	1077 HWY. A1A SATELLITE BEACH FL 32937	1077 HWY. A1A SATELLITE BEACH FL 32937								
		······································								
2. 21	Principal Place of Business	2a. Mailing Address 26 P.O. Box 729								
22	Suite, Apt. #, etc.	Suite, Apt. #, etc								
	City & State	City & State								
23		28 MEI BOURNE FI								

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3a. Date of Last Report

Applied For Not Applicable

3. Date incorporated or Qualified 09/20/1995

4. FEI Number 59-

22	Saite, Apr. #	, etc.		27	Suite, Apt. #, etc			5. Certificate of Status Desired S8.75 Additional Fee Required						
City & State			L.,	Oity & State			6. Election Campaign Financing		\$5.00	May Be				
23		<u> </u>		28	28 MEI DOURNE			Trust Fund Contribution	Added to Fees					
	Zip		Country		^Z	Country		8. This corporation has liability for		ınder s	199.032,			
24 25			29	32902	30 , PUS	evarp								
	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name													
	DEHADDED DOBEDT													
	DEHARDER, ROBERT 1077 HWY. A1A Street Address (P.O. Box Number is Not Acceptable)													
SATELLITE BEACH FL 32937														
						84	City		FI	BS Zip	Code			
11	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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.													
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Sic	Signature Signation type of open strategies to produce the transport of the file of the strategies April open because when existing to the produce of the strategies and the strategies of the s													
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TITE	.£				☐ DEFELE	6 LAUTE		***ZUU.UU		Change	☐ Addition			
NA!	ME					6.2 NAME								
STR	EET ADDRESS					63SIHEFT	ADDRESS							
	Y - \$T - ZiP					6.4 CHY-S								
14	 I do hereby certify that 	certify that the informal	the information supplied to too indicated on this agou	with this ia! report	filing is voluntarily furn t or supplemental anni	shed and does all report is tru	s not qualify fo le and accurati	r the exemption stated in Section 119 e and that my signature shall have th	9.07(3)(k), Florida e same legal effi	a Statuti act as if	es. I further made under			

or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: