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

PROFIT CORPORATION ANNUAL REPORT 1998



Secretary of State DIVISION OF CORPORATIONS

P96000058940 (3)

CORNI	EHSTONE SELECT HEAL E	STATE, INC.				
Principal Plac	e of Business	Mailing Address				- I 1884/400% ARA LUMPA BAMA DOMA QUMA BUKUK DUMAN BAKUK UUMA TUMA TUMA DOMA UUMK TUUK
1077 HIGHW		P.O. BOX 729				
	EACH FL 32937	MELBOURNE FL 32937				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						07/12/1996
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number Applied For
21		26				59-3387316 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State		City & State			Election Campaign Financing \$5.00 May Be	
23		26			 	Trust Fund Contribution
→ Zip	Country	Zip	ļ <u>-</u>	untry		8. This corporation owes or has paid the current year Intangible
24	[25]	29	30			Personal Property Tax due June 30. Yes No
	9, Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registered Agent
	HARDER, ROBERT			"	Name	
	77 HIGHWAY A1A			82	Street Addre	ress (P.O. Box Number is Not Acceptable)
SA	TELUTE BEACH FL 32937			83		
				63		
				84	City	85 Zip Code
		00 - 1007 4500 5: -1 5:		Ш		FL T
office or r	egistered agent, or both, in the State	e of Florida. Such change wa	s authorize	d by	the corporati	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505,	Florida Sta	lutes	,	• • • • • • • • • • • • • • • • • • • •
SIGNATURE						
	Signature hypodiox printed harrie of registered ag	Denil Bris title if applicable (N ND DIRECTORS		id Ager	nt eignature require	red when reinslating) DATE ADDITIONIC CHANGES TO OFFICE BY AND DIRECTORS IN 10
12.	D	DELETE	13.	iTI F	 	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	DEHARDER, ROBERT		1.2 N			
STREET ADDRESS	1077 HIGHWAY A1A				ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL 3293	7				
TITLE	ONTELLITE DENOTITE DESC	DELETE	2.1 7	ITY-ST	1-2119	☐ Change ☐ Addition
NAME			22 N			
STREET ADDRESS					address	
CITY-ST-ZIP TITLE		DELETE	3.17	HTY-S	1-71	Change Addition
NAME		_ Justin	3.1 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				INEEL I		
TITLE		DELETE	4.1 73		1-217	☐ Change ☐ Addition
NAME			4.21		ŀ	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				ITY-ST		
TITLE		DELETE	5.1 T		-40	Change Addition
NAME		<u> </u>	5.2 N			Law Strange Law Household
STREET ADDRESS			1		ADDRESS	
CITY-ST-ZIP					1	
TITLE		DELETE	6.1 Ti	ITY-ST ITLE	- LIF	☐ Change ☐ Addition
NAME		tall beauti	6.2 N			
STREET ADDRESS			•		ADORESS	
CITY-ST-ZIP			•	ITY-ST	· i	

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 controlling 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

FILED

May 06 1998 8:00am

Secretary of State