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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072505 (6)

CORNERSTONE PROPERTY SERVICES, INC.

Principal Place of Business Mailing Address 378 WHOOPING LOOP **378 WHOOPING LOOP SUITE 1272 SUITE 1272** ALTAMONTE SPRINGS FL 32701-3442 ALTAMONTE SPRINGS FL 32701 3a. Date of Last Report 3. Date Incorporated or Qualified 08/29/1996 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 21 26 \$8.75 Additional Sulte, Apt. #, etc. Suite, Apt. #, etc. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Zip Country This corporation has liability for intangible tax under s. 199.032, Zip Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VIETTE, SCOTT M 378 WHOOPING LOOP Street Address (P.O. Box Number is Not Acceptable) **SUITE 1272** 83 **ALTAMONTE SPRINGS FL 32701** 64 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE Signature, typed or printed name of registered agent and tille if applicable (NOTE Regis ared Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition Change DELETE 1.1 TITLE TITLE VIETTE, SCOTT M 1.2 NAME NAME 378 WHOOPING LOOP, #1272 1.3 STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32701 1.4 CHY-\$1-ZIP CITY-ST-ZIP Change Addition DELETE 213011 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CHY-S1-7P CITY-ST-ZIP Change Addition DELETE 3.1 HILE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-S1-ZIP CITY-ST-ZIP Change Addition DELETE 4111116 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CHY-ST-7IP CITY-ST-ZIP DELETE Change Addition 5.1 Title TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP ___ Addition ☐ Change DELLTE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREEL ADDRESS STREET ADDRESS

City-St-ZIP

14. I do 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 conforation in the conforation in the conforation in the conforation in the conforation.

FILED Apr 28 1997 8:00am Secretary of State

