

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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000086292 (5)  
1. Corporation Name  
FLORIDA CORNERSTONE TECHNOLOGY, INC.

Principal Place of Business 6152 SUMTER DR BROOKSVILLE FL 34602	Mailing Address 6152 SUMTER DR BROOKSVILLE FL 34602
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1134 West Jefferson St Suite, Apt. #, etc. 22 City & State 23 Brooksville FL 24 Zip 34601 25 Country USA		2a. Mailing Address 26 1134 West Jefferson St Suite, Apt. #, etc. 27 City & State 28 Brooksville FL 29 Zip 34601 30 Country USA		3. Date Incorporated or Qualified 10/18/1996	4. FEI Number 59-3403355 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent LANDRITH, WILMA H 6152 SUMTER DR BROOKSVILLE FL 34602		10. Name and Address of New Registered Agent 81 Name Wilma H. Landrith 82 Street Address (P.O. Box Number is Not Acceptable) 6146 Faber Drive 83 84 City Brooksville FL 85 Zip Code 34602	
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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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	Owner
NAME	LANDRITH, WILMA H	1.2 NAME	Landrith, Wilma H.
STREET ADDRESS	6152 SUMTER DR	1.3 STREET ADDRESS	6146 Faber Drive
CITY-ST-ZIP	BROOKSVILLE FL 34602	1.4 CITY-ST-ZIP	Brooksville, FL 34602
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 corporation 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

SIGNATURE:

*Wilma H. Landrith*

4-28-98 352-796-7626

CR2E034 (10/97)