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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000102076 (2)

CORNERSTONE SELECT HOMES, SEG INC.

1077 HIGHWAY A1A P.O. BOX 729 SATELLITE BEACH FL 32837 MELBOURNE FL 32902-0729 3. Date Incorporated or Qualified 3a. Date of Last Report 12/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032 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 DEHARDER, ROBERT 1077 HIGHWAY A1A 82 Street Address (P.O. Box Number is Not Acceptable) SATELLITE BEACH FL 32937 83 84 City Zip Code 85 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 tille if applicable (NOTE Registered Agent signature required when translating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. 13. DELETE Change TITLE 1.1100 DEHARDER, ROBERT NAME 1.2 NAME CR2E034 1077 HIGHWAY A1A STREET ADDRESS 1.3 STREET ADDRESS SATELLITE BEACH FL 32937 CITY-ST-ZIP 1.4 CITY - \$1-7IP DELETE Charige Addition TITLE 21 TITLE JUANIMA WARREM NAME 2.2 NAME NONGA HIA 4 GUZ STREET ADDRESS 2.3 STREET ADDRESS P- 3290 CITY-ST-ZIP 2. 4 C(TY - S1 - 7)P

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6.4 CITY - ST - 7IP 14. I do hereby cortify 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 attation of the corporation of the

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APPROVED

1997 MAY 20 PM 4: 23

SECRETARY OF STATE TALLAHASSEE. FLORIDA