SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000076093 (8)
1. Corporation Name

CORNERSTONE PROMOTIONS, INC.

Principal Place	e of Business	Mailing Address		i stacemet bid ignis istali gtist gulli gulli gulli	I IBAI'A BLUIG BEISH (BIBD 1111 189)
		1100 S OCEAN BLVD SUITE			
POMPANO BEACH FL 33062		POMPANO BEACH FL 33062	!	DO NOT WRITE IN THE	IC COACE
				3. Date Incorporated or Qualified	O OFAUE
				09/03/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0778453	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		O, Commedia di Status Desires	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution L.J	Added to Fees
24	25	1 1	30	This corporation owes or has paid the cu Personal Property Tax due June 30.	irrent year Intangible
24	9. Name and Address of Current		•u[]	10. Name and Address of New Registered	
WYL	IE, SUZANNE		81 Name		
	S OCEAN BLVD SUITE B-8		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	IPANO BEACH FL 33062		62 Street Addr	ess (P.O. Box Number is Not Acceptable)	
			83		
]			84 City		85 Zip Code
			0.1,	Fi Fi	_
11. Pursuant office or agent. Fa	t to the provisions of sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	and 607.1508, Florida Statutes of Florida. Such change was a u tions of, section 607.0505, Fl <mark>o</mark> ri	, the above-named corpo illiorized by the corporati ida Statutes,	ration submits this statement for the purpose of consistency of directors. I hereby accept the appoint	changing its registered bintment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered agent OFFICERS ANI		F Registered Agent signature require 13.	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Notificial in the Political Control of the Pol	Change Addition
NAME	WYLIE, SUZANNE	((Dett.)	1.2 NAME		
STREET ADDRESS	1100 S OCEAN BLVD SUITE B-	8	1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			22 NAME		,
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CIT Y-ST-ZIP		
TITLE		[DECETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY-ST-ZIP		rm. "	3.4 CITY-ST-ZIP		
TITLE		DELETE	4.130LE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	- ·	[] larries	4.4 CITY-ST-ZIP		
NAME		DELETE	5.1 HU.R 5.2 NAME		Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.3 STREET ADDRESS		J
THILE		DELETE	6.1 TITLE		Change Addition
NAME		I " LOPUL IF	6.2 NAME		L Change L Addition
STREET ADDRESS			E S STREET ADDRESS		1

14. I hereby certify that the information supplied with this filter for senot 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 suppliemental amount expects the 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 recomplete opposition of the corporation or the recomplete opposition of the corporation of the recomplete opposition oppositio

SIGNATURE:

CITY-ST-ZIP

4/5/90 1008421