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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000095221 (2)

CORNERSTONE RESIDENTIAL INVESTMENTS INC.

Principal Place of Business

Mailing Address

FILED May 05 1998 8:00am Secretary of State



2117 HOLLYWOOD BLVD STE 155 2117 HOLLYWOOD BLVD STE 155 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020									
11000111000112 00000		TOLLTHOOD IL SOLL				DO NOT WRITE	E IN THIS SPA	₹CE	
					3. Date Incorp. 11/05/19	orated or Qualified			-
2. Principal Place of Business	3 _	2a. Mailing Address			4. FEI Number			TAn	plied For
2117 HULLY	wood BUD.	2117 H	ocera	1000 BL	19 65-	0793	968		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-			f Status Desired		\$8.75 A	Additional
City & State		City & State			6 Flection Car	npaign Financing		\$5.00	
23 HOLLYWOOL	$\mathcal{I} F \mathcal{L} $	B HOLLYWO	000	FL.	Trust Fund (Added t	
Zip	Country 7ip Country				8. This corpora	ition owes or has p	aid the curren	t year Int	engible
24 33020 25		19 33020	30	US:A		perty Tax due June			No No
	d Address of Current Re	gistered Agent		<u> </u>	10. Name and	Address of New Ro	gistered Age	ent	
ZUKOSKI, KEITH			- (81 Name					
2800 \$ EDGEHILL LANE				82 Street Ad	dress (P.O. Box Num	ber is Not Accepta	ble)		
COOPER CITY FL 33026									
				63					
			ľ	84 City			FL	35 Zip (Code
11. Pursuant to the provisions	of Sections 607.0502 an	d 607.1508, Florida Statut	es, the ab	ove-named co	proporation submits this	s statement for the	purpose of ch	anging its	s registered
agent. I am familiar with	and accept the obligation	lorida. Such change was is of, Section 607.0505, Fl	orida Statu	itae		_			
SIGNATURE	20 3m	2.1	KEII	TH 6.2	UKOSK; JR	PRESIDENT	9/16	190	<u> </u>
Signalere, typed or p	rinted name of registered agen; and			Agent signature rec					
TITLE PRESIO	OFFICERS AND DI	DELETE	13.	16	ADDITIONS/C	HANGES TO OFFI		Change	Addition
NAME KEITH	C. ZUKOSK: J		1.2 NA				ب	- Sumily -	
STREET ADDRESS 28005.	EDGEHILL LI	$\hat{\gamma}$		REET ADDRESS					
CITY-ST-ZIP COOPE	R CITY FL.	33626	1	Y-ST-ZIP					
TITLE	<u> </u>	DELETE	2.1 117			·		Change	Addition
NAME			2.2 NA	ME					
STREET ADDRESS			2.3 STF	REET ADDRESS					
CITY-ST-ZIP			2. 4 Ci	TY-ST-ZIP					
TITLE		☐ DELETE	3.1 TIT	LE				Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 STF	REET ADDRESS					
CITY-ST-ZIP			3.4. Ci	TY-ST-ZIP					
TITLE		DELETE	4.1 Titi	LE			LJ	Change	Addition
NAME			4.2 NA	ME					
STREET ADDRESS			4.3 STF	REET ADDRESS					
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NAME			5.2 NA						
STREET ADDRESS				reet address					
CITY-ST-ZIP			_	Y-ST-ZIP					1 6 4 4 5 C
TITLE		DELETE	6.1 TIT					Change	Addition
NAME			6.2 NA	·· -					
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP	F		6.4 CIT	Y-ST-ZIP	140 0700	S FIGURE CAME	T.C. Marian and P.F.	. 41 - 1 41	to In one of the

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 informatio 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.

W/16/98 954.816.286