

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90111 026 ***158.75

DOCUMENT # P98000027487

1. Corporation Name
CORNERSTONE FINISHES, INC.



Principal Place of Business
2960 NW 2 Ave #11
Boca Raton, FL 33431

Mailing Address
2960 NW 2 Ave #11
Boca Raton, FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2960 NW 2nd Ave.
Suite Apt. #, etc. 11

2a. Mailing Address
26 2960 NW 2nd Ave.
Suite Apt. #, etc. 11

City & State
23 Boca Raton, FL.

City & State
28 Boca Raton, FL.

Zip
24 33431

Country
25 Palm Beach

Zip
29 33431

Country
30 Palm Beach

3. Date Incorporated or Qualified
03/24/1998

4. FEI Number
65-0832403

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Daniel Stirling
2960 NW 2 Ave #11
Boca Raton, FL 33431

10. Name and Address of New Registered Agent

81 Name Daniel Stirling

82 Street Address (P.O. Box Number is Not Acceptable)
2960 NW 2nd Ave - Suite 11

83

84 Boca Raton, FL 85 Zip Code 33431

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]* DATE 4-5-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, DAVID A	1.2 NAME	
STREET ADDRESS	2960 NW 2 Ave #11	1.3 STREET ADDRESS	2960 NW 2 Ave - Suite 11
CITY-ST-ZIP	Boca Raton, FL 33431	1.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	VPO	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIRLING, DANIEL A	2.2 NAME	
STREET ADDRESS	2960 NW 2 Ave #11	2.3 STREET ADDRESS	2960 NW 2 Ave - Suite 11
CITY-ST-ZIP	Boca Raton, FL 33431	2.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	Treasurer	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORM NAPIER	3.2 NAME	
STREET ADDRESS	2960 NW 2 Ave #11	3.3 STREET ADDRESS	2960 NW 2 Ave - Suite 11
CITY-ST-ZIP	Boca Raton, FL 33431	3.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *[Signature]* DATE 4/5/99 DAYTIME PHONE # 561-395-6388

0317883

CR2E034 (11/98)