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

DOCUMENT # P98000050224

CORNERSTONE INTEGRATED SOLUTIONS, INC.

Principal Place of Business
444 3RD STREET
MEGTINE DE LONGE DO COCC

Mailing Address

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90112 028 ***150.00



444 3RD STREE NEPTUNE BEAC		444 3RD STREET NEPTUNE BEACH FL 32266			DO NOT WRITE IN THIS SPACE				
					3. Date Ir corporated or Qualifed 06/03/1998				
2. Principa Pl	lace of Business	2a. Mailing Address			4. FEI Number		Apr	plied For	
1 4951	Attantic Blud	26 9951 Atlantic	BIL	d	59-3514348		No	Applicable	
Suite Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.	. 75 A	additional	
2 50 to	و 254	27 Suite 254			5. Certificate of Status Desired	F-	ee Re	cuired	
City & S ate City & State					6. Electio i Campaign Financing	\$5	5.00	May Be	
3 Jacksonville, FL. 28 Jacksonville, 1					Trust Fund Contribution	Ad	ded to	Fees	
Zip	Country	Zip	Country	/	8. This corporation owes the current year	ntangible	,	,	
4 322.25	5 25 USA	29 32225 30	USI	A	Personal Property Tax.	☐ Ye	s	[ZNo	
7 0	9. Name and Address of Current				10. Name and Address of New Registere	d Agent			
			81	Name					
HOULD, STEPHEN A ESQUIRE 444 3RD STREET					Acdress (P.O. Box Number is Not Acceptable)				
	TUNE BEACH FL 32266		83	 					
1 46.1	TOTAL DESCRIPTION OF COLLEGE		63						
			84	City	F	85	Zip C	de	
				<u> </u>	corporation submits this statement for the purpose	_			
agent. au SIGNATURE	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statutes	5.	oration's board of cirectors. I hereby accept the appropriate of the cirectors of the company of the circumstating DATE				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	ND DIR	ЕСТО	F:S IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		1)/P	√ Ct		Addition	
NAME	JORDAN, THOMAS L		1.2 NAME		THOMAS L				
STREET ADDRESS	144 ADD OTOCCT			T ADDRESS	9951 Atlantic Blud, Suite 25	4			
	NEPTUNE BEACH FL 32266		1.4 CITY-5		Jacksonville, FL 32225				
CITY-ST-ZIP	HEF TONE BEACH TE 32200	□ DELETE	2.1 TITLE	51-21	5/T	[] Ch	nange	Addition	
TITLE		_	2.2 NAME		JORDAN, ELIZABETH H	_	•		
NAME					9951 Atlantic Blud, Suite 25	¥			
STREET ADDRESS				TADDRESS	Jacksonville, FL 32225	•			
CiTY-ST-ZIP			2. 4 CITY-	ST-ZIP	Jacksonome, FE 32223	Ch	nange	Addition	
TITLE			31 TITLE			[] 0	larige		
NAME			3.2 NAME						
STREET ADDRESS			3 3 STREE	TADDRESS					
CITY-ST-ZIP			3.4 CITY-	\$T-ZIP					
TITLE		☐ DELETE	4.1 TITLE			□ Cł	iange	Addition	
NAME			4. 2 NAME						
STREET ADORE 3S		}	4.3 STREE	TADDRESS					
CITY-ST-ZIP			4 4 CITY-S	ST-ZIP					
TITLE		☐ DELETE	51 TITLE				hange	☐ Addition	
NAME			52 NAME						
STREET ADORE 3S			5 3 STREE	TADDRESS					
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE			CI	nange	Addition	
NAME		•	62 NAME						
				TADDRESS					
STREET ADDRESS			6.4 CITY-S						
CITY OF 7ID	i		U.+ OII 1 - 3	21-71L	1				

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 feceiver of 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 attact ment with an address, with all other like empowered.

SIGNATURE:

(934) 721-2424