

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 # P98000083134

1. Corporation Name

CORNERSTONE MANAGEMENT GROUP, INC.

Principal Place of Business

955 BOLENDER DRIVE
DELRAY BEACH FL 33483

Mailing Address

955 BOLENDER DRIVE
DELRAY BEACH FL 33483

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 P O Box 97
Suite, Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Delray Beach, FL
Zip Country

24 33447 25 USA

9. Name and Address of Current Registered Agent

WILSON, BEHN A. B.
955 BOLENDER DRIVE
DELRAY BEACH FL 33483

81 Name

82 Street Address (P O Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Behn Wilson

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: If officer or director, sign and print name and title if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE D [] DELETE

NAME WILSON, BEHN A
STREET ADDRESS 955 BOLENDER DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE D [] DELETE

NAME WILSON, PATRICIA M
STREET ADDRESS 955 BOLENDER DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

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TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Add

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SIGNATURE:

Behn Wilson

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1/19/99 561-265-2103