


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

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90009 035 ***550.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P98000094938

1. Corporation Name
CORNERSTONE FINANCIAL SOLUTIONS, INC.

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|----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Principal Place of Business 3000 W. 9 MILE ROAD PENSACOLA FL 32534 | Mailing Address 3000 W. 9 MILE ROAD PENSACOLA FL 32534 |
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DO NOT WRITE IN THIS SPACE

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 PO BOX 11576 | | 3. Date Incorporated or Qualified 11/09/1998 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 59-3543024 | |
| City & State 23 | | City & State 28 PENSACOLA, FL | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 | | Zip 29 32524 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country 25 | | Country 30 USA | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418 | | | | 10. Name and Address of New Registered Agent 81 Name JON BRAKEFIELD 82 Street Address (P.O. Box Number is Not Acceptable) 3000 W. 9 MILE ROAD 83 84 City PENSACOLA FL 85 Zip Code 32534 | |

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 **JON BRAKEFIELD**
Signature, typed or printed name of registered agent and title if applicable.

Jon Brakefield
(NOTE: Registered Agent signature required when reinstalling)

8/26/99
DATE

| | | | |
|----------------------------------------------|---------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE D | <input type="checkbox"/> DELETE | 1.1 TITLE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SIMMONS, DEVIN K | | 1.2 NAME SIMMONS, DEVIN K | |
| STREET ADDRESS 3000 W. 9 MILE ROAD | | 1.3 STREET ADDRESS 3000 W. 9 MILE ROAD | |
| CITY-ST-ZIP PENSACOLA FL 32534 | | 1.4 CITY-ST-ZIP PENSACOLA, FL 32534 | |
| TITLE D | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME GRIFFIN, KEITH | | 2.2 NAME | |
| STREET ADDRESS 3000 W. 9 MILE ROAD | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP PENSACOLA FL 32534 | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE TREASURER/VICE PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME BRAKEFIELD, JON F. | |
| STREET ADDRESS | | 3.3 STREET ADDRESS 3000 W. 9 MILE ROAD | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP PENSACOLA, FL 32534 | |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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: **Jon Brakefield**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/99
Date

850-477-0800
Daytime Phone #

CR2E034 (11/98)