

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S27390** (1)

1. Corporation Name

**CORNERSTONE BUSINESS SERVICES, INC.**



Principal Place of Business

19300 S.W. 222ND ST.  
MIAMI FL 33170

Mailing Address

19300 S.W. 222ND ST.  
MIAMI FL 33170

3. Date Incorporated or Qualified  
**02/01/1991**

3a. Date of Last Report  
**04/13/1995**

2. Principal Place of Business

21 **12213 SW 132 CT**

2a. Mailing Address

26 **12213 SW 132 CT.**

4. FEI Number

**65-0244415**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **MIAMI, FL.**

City & State

28 **MIAMI, FL.**

Zip Country  
24 **33186** 25 **USA**

Zip Country  
29 **33186** 30 **USA**

9. Name and Address of Current Registered Agent

**CHAPMAN, RICHARD A.  
19300 S.W. 222ND STREET  
MIAMI FL 33170**

10. Name and Address of New Registered Agent

81 Name

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

**14851 SW 152 CT.**

83

84 City

**MIAMI**

**FL**

85 Zip Code

**33196**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CHAPMAN, RICHARD A.**  
STREET ADDRESS **19300 S.W. 222ND ST.**  
CITY- ST- ZIP **MIAMI FL**

S ☐ DELETE

NAME **ANTOSH, GARY H.**  
STREET ADDRESS **12505 SW 216TH ST.**  
CITY- ST- ZIP **MIAMI FL**

P ☐ DELETE

NAME **BROWN, JERRY A.**  
STREET ADDRESS **27541 SW 154TH AVE**  
CITY- ST- ZIP **HOMESTEAD FL**

☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

**14851 SW 152 CT.  
MIAMI, FL. 33196**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)