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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S43345

(5)

CORNERSTONE PRINTING, INC.

Discipal Discoul Florence		
Principal Place of Business	Mading Address	
115 W. PRINCE ST. TAMPA FL 33612	115 W. PRINCE ST. TAMPA FL 33612-3441	

FILED May 27 1997 8:00am Secretary of State



				3. Date Incorporated or Qualified 04/05/1991	t Report						
2. Principal P	sace of Business	2a. Mailing Address	\$			4. FEI Number			Applied For		
21		26				59-3063254			Not Applicable		
Suite, Apt	#, etc	Suite, Apt. #, etc	C			5. Certificate of Status Desired			Additional Required		
City & Stati	e	City & State				Election Campaign Financing Trust Fund Contribution			May Be		
Zip 24	Country 25	Zip				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
	Name and Address of C	urrent Registered Agent				10. Name and Address of New Re	gistered A	gent			
SUS	an m Bush			81	Name			K			
	W. PRINCE ST.				<u> </u>						
	PA FL 33612			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)				
174M	1 A 1 C 00012			83	· · · · · · · · · · · · · · · · · · ·			·····			
_											
-				84	City		FL		p Code		
DITICE OF !	to the provisions of Sections 60; egistered agent, or both, in the m familiar with, and accept the	State of Florida. Such change	was authorized	d bv	the corpor	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of o t the appo	changing Intment	its registered as registered		
SIGNATURE	Signature typical or printed name of register	and green) and title if goods able	MOTE: Begistere	1 400	al ciasal·ua son	uired when reinstaling)	DATE	····			
12.		S AND DIRECTORS	13.	- Aye	in signature tec	ADDITIONS/CHANGES TO OFFIC		NDECTO	NPC INI 12		
TITLE	P	DELET		 [] F	<u> </u>	ADDITIONS/CITAINGES TO OTTIC		Change			
NAME	BUSH, JAMES M.	_	1.2 NA						, radiion		
STREET ADDRESS	115 W. PRINCE ST.				4B00500						
į	TAMPA, FL 33612				ADDRESS	•					
CITY-ST-ZIP TITLE	IAMI'A, IL SSUIZ	DELET	1.4 00		T-ZIP		r	105	in French		
		veets					L	Change	Addition		
NAME			2.2 NA								
STREET ADDRESS	2.3\$			2.3 STREET ADDRESS							
CiTY-ST-ZIP					IT-ZIP						
TILE		☐ DELET					L	Change	Addition		
NAME			3.2 NA								
STREET ADDRESS			3.3 ST	REET	ADDRESS						
CITY - ST - ZIP			3.4. CI		IT-ZIP						
TITLE		☐ DELET	E 4.1 717	ILE			ι	Change	Addition		
NAME			4.2 N/	AME							
STREET ADDRESS			4.3 ST	REET.	ADORESS						
CITY-S1-7IP			4.4 CII	TY-5	T-ZIP						
TITLE		DELET	E 5.1 717	ILE			T	Change	Addition		
NAME			5.2 NA	ME							
STREET ADDRESS	l		5.3 ST	REET	ADDRESS						
CITY-ST-7/P			5.4 CIT	TY-\$1	T-ZIP						
Tale		☐ DELET						Change	Addition		
NAME			6.2 NA	ME				·			
STREET ADDRESS			6.3 ST	REET	ADDRESS						
CITY-ST-2IP			6.4 00		•						
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1. I do 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 eath; 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 13 if changed, or on an attachment with an address.

SIGNATURE:

DATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813 931-7879