

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 259635 (1)

1. Corporation Name  
**CYPRESS LAKE NO 10, INC.**



Principal Place of Business: 1411 S E 9TH AVE, POMPANO BEACH FL 33060  
Mailing Address: 1411 S E 9TH AVE, POMPANO BEACH FL 33060

3. Date Incorporated or Qualified <b>06/05/1962</b>	3a. Date of Last Report <b>02/17/1995</b>
4. FEI Number <b>59-1447940</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

WALSH, RACHEL K  
1411 SE 9TH AVE  
POMPANO BCH FL 33060

*Rachel K Walsh*

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
				FL

11. Pursuant to the provisions of Sections 607.002 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 607.0005, Florida Statutes.

SIGNATURE: *RACHEL K. WALSH* PRESIDENT DATE: *1/18/96*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: WALSH, RACHEL K	1.1 TITLE	1.2 NAME
STREET ADDRESS: 1411 SE 9TH AVE	CITY-STATE-ZIP: POMPANO, FL 00000	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP
TITLE: VP	NAME: BRUPBACHER, DOROTHY	2.1 TITLE	2.2 NAME
STREET ADDRESS: 1411 SE 9TH AVENUE	CITY-STATE-ZIP: POMPANO FL	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP
TITLE: S	NAME: MONAGLE, PAUL	3.1 TITLE	3.2 NAME
STREET ADDRESS: 1411 SE 9TH AVENUE	CITY-STATE-ZIP: POMPANO FL	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP
TITLE: T	NAME: LEINBACH, ELLEN	4.1 TITLE	4.2 NAME
STREET ADDRESS: 1411 SE 9TH AVENUE	CITY-STATE-ZIP: POMPANO FL	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP
TITLE: [DELETE]	NAME: [DELETE]	5.1 TITLE	5.2 NAME
STREET ADDRESS: [DELETE]	CITY-STATE-ZIP: [DELETE]	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP
TITLE: [DELETE]	NAME: [DELETE]	6.1 TITLE	6.2 NAME
STREET ADDRESS: [DELETE]	CITY-STATE-ZIP: [DELETE]	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP

*STHOMAS BROWN*  
*1411 S.E. 9TH AVE*  
*POMPANO FL 33060*

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Book 12 or Book 13 if changed, or on an annual return, if so required.

SIGNATURE: *Rachel K Walsh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**RACHEL K WALSH**

*1/18/96* *943-0886*

CR2E034 (12/95)