

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

FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/05/1962	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	
23. City & State		28. City & State		59-1447940	
24. Zip		29. Zip		5. Certificate of Status Desired	
25. Country		30. Country		<input type="checkbox"/> \$8.75 Additional Fee Required <input checked="" type="checkbox"/> Not Applicable	
				6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WALSH, RACHEL K 1411 SE 9TH AVE POMPANO BCH FL 33060				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: *Rachel K Walsh* DATE: 3/6/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, RACHEL K	1.2 NAME	
STREET ADDRESS	1411 SE 9TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUPBACHER, DOROTHY	2.2 NAME	VP
STREET ADDRESS	1411 SE 9TH AVENUE	2.3 STREET ADDRESS	DI SANTO LOUIS
CITY-ST-ZIP	POMPANO FL	2.4 CITY-ST-ZIP	1411 S.E. 9TH AVE
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	POMPANO FL
NAME	BROWN, THOMAS	3.2 NAME	
STREET ADDRESS	1411 SE 9TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEINBACH, ELLEN	4.2 NAME	
STREET ADDRESS	1411 SE 9TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO FL	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.

SIGNATURE: *RACHEL K WALSH Rachel K Walsh* DATE: 3/6/98 954-943-0886

CR2E034 (10/97)