

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
JENNIFER B. MURPHY, GOV.  
WALTER D. ROY, COM.  
J. B. BAKER, JR., SECRETARY OF STATE

DOCUMENT # J04801

(3)

CYPRESS ENTERPRISES, INC.

95 MAY -1 AM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Office of Corporation

22492 CYPRESS WOOD LANE  
BOCA RATON FL 33428

Principal Office of Corporation

22492 CYPRESS WOOD LANE  
BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date of Last Report

03/19/1986

3a. Date of Last Report

03/22/1994

4. FET Number

65-0350903

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

2. Principal Office of Corporation

21. State: April 1st

22. City & State

23. City & State

24. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDREWS, ANTHONY  
22492 CYPRESS WOOD LANE  
BOCA RATON FL 33428

81. Name

82. Street Address (Not for Numbered Not Acceptation)

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 199.031 and 199.032, Florida Statutes, the above named corporation, hereby, this statement for the purpose of changing its registered office or registered agent or both in the State of Florida, and in doing so, authorizes the corporation to accept of the Secretary of State, Florida, the appointment as registered agent. I am familiar with and accept the obligations of Sections 199.031 and 199.032, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME: PST  
ANDREWS, ANTHONY  
STREET ADDRESS: 22492 CYPRESS WOOD LANE  
CITY & STATE: BOCA RATON FL

NAME: D  
ANDREWS, ANTHONY  
STREET ADDRESS: 22492 CYPRESS WOOD LANE  
CITY & STATE: BOCA RATON FL

NAME:   
STREET ADDRESS:   
CITY & STATE:

NAME:   
STREET ADDRESS:   
CITY & STATE:

NAME:   
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NAME:   
STREET ADDRESS:   
CITY & STATE:

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME:   
STREET ADDRESS:   
CITY & STATE:   
☐ Change ☐ Addition

NAME:   
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CITY & STATE:   
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14. I do hereby certify that the information supplied with this filing is accurate, complete and correct, and is true and correct for the reasons stated in Section 199.031, Florida Statutes. I further certify that the information included in this filing is true and correct, and is complete and correct for the reasons stated in Section 199.032, Florida Statutes. I further certify that I am an officer or director of the corporation or the registered agent named herein and that my signature shall have the same legal effect as if made under oath in Block 12 or Block 13, and that I am not an attorney at law in this state.

SIGNATURE: X

ANTHONY ANDREWS

X

4.29.95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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