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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT # 1. Corporation Name

J04801

(3)

CYPROP ENTERPRISES, INC.

Principal Place of Business

Mailing Address

22492 CYPRESSS WOOD LANE **BOCA RATON FL 33428**

22492 CYPRESSS WOOD LANE **BOCA RATON FL 33428**



							2 Data language				
2. Principal P	lace of Busin	10ce	··				3. Date Incorporated or Qualified 03/19/1986		te of Las)5/01/	t Report 1995	
2. Principal Place of Business			F	2a. Mailing Address			4. FEI Number		70,017	Applied For	
Suite, Apt. #, etc.		26	26			65-0350903		-	Not Applicat		
City & State						27	5. Certificate of Status Desired		\$8.	75 Additional	
							Fee Required				
23			28	Oity & State			6. Election Campaign Financing	F-3	\$5	.00 May Be	
Zip		Country		Zip			Trust Fund Contribution		Ad	ded to Fees	
4		25	29	·	30 Cour	itry	8. This corporation has liability for	intangible ta	ax under	s 199.032,	
	9. Name	and Address of Curr	ent Regis	lered Agent	1301		Florida Statutes Yes	□ No			
						81 Name	10. Name and Address of New F	legistered	Agent		
ANDREWS, ANTHONY 22492 CYPRESS WOOD LANE											
					B2 Street Add		Address (P.O. Box Number is Not Acceptat	ile)			
BOCA R	ATON FL	33428			f.	B3			·		
	_	•]						
						84 City			85	Zip Code	
11. Pursuant to	o the provisi	ons of Sections 607,050	02 and 607	7.1508, Florida Statute	es the show		orporation submits this statement for the pur	FL		•	
or registere familiar wit	ed agent, or h. and accer	both, in the State of Flo	rida, Such	change was authorize	ed by the co	rporation's	orporation submits this statement for the pur board of directors. I hereby accept the appo	pose of cha	nging its	registered offi	
SIGNATURE	7 = 14 0000	er the congations of, sec	J. YOM HOUL	2505, Florida Statutes	i.		appears the appears and appear	anunent as	registere	ed agent. I am	
SIGNATURE	Signature typed	or printed han e of registered age	nt and title if a	onlead to man	00. b. 5.7.						
2.		OFFICERS AN			13.	gent signature r	equired when reinstating)	DATE			
ITLE	PST			DELETE	1. 1 TITE	F	ADDITIONS/CHANGES TO OFFI				
AME	ANDREV	WS, ANTHONY		_	1.2 NAM		·	Γ] Change	Addition	
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CITY-ST-ZIP	BOCA R	ATON FL				EF ADDRESS					
itie T											
IILC	D			C DELETE	1.4 City						
	•	VS, ANTHONY		DELETE	2. 1 7ITL	F] Change	Addition	
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PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDRIN X 4.30.96