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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J04801

(3)

CYPROP ENTERPRISES, INC.

FILED
May 14 1998 8:00am
Secretary of State

4/25/98 ,561488 1325

OTTHO	ENTERIFFICAÇÃO					
Principal Place	of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·			
22492 CYPRESSS WOOD LANE 22492 CYPRESSS WOOD LAN						
BOCA RATON FL 33428 BOCA RATON FL 33428						
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
2. Principal Pi	ace of Business	2a. Mailing Address			03/19/1986 4. FEI Number Applied For	
21	ady of discinions	26			65-0350903 Not Applicable	
Sulte, Apt. 4	#, etc.	Suite, Apt. #, etc.			S8 75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current	Registered Agent	81	T 53	10. Name and Address of New Registered Agent	
	DREWS, ANTHONY		0	Nam	łame	
	92 CYPRESS WOOD LANE		82	Stree	Street Address (P.O. Box Number is Not Acceptable)	
BO	CA RATON FL 33428		8:	,—		
			ļ 0 .	'		
			84	City	ity FL 85 Zip Code	
11. Pursuani te	the provisions of Sections 607 0502	and 607 1508 Florida Statu	ites the abov	L		
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 Liorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.						
•	n tamiliar with, and accept the obliga	rions or, section bor boos, r	ionua siaiule			
SIGNATURE	Signature, typed or printed name of registered agen	: And the diapplication. (NO	If Registered Ag	jent signat	ignature required when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	☐ DELETE	1.1 T(TLE		☐ Change ☐ Addition	
NAME	ANDREWS, ANTHONY		1.2 NAME			
STREET ADDRESS 22492 CYPRESS WOOD LANE			1.3 STREET ADDRESS		DRESS .	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY - ST - ZIP			
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS	DOOL DATON FI		2.3 STREFT ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY	ST-ZIP	IP	
TITLE		L OELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS				T ADDRES		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY: 4.1 TITLE	51 - ZIP	P Change Addition	
NAME		-		:	Change C Addition	
STREET ADDRESS			4. 2 NAMI	: 1 addres:	norce	
CITY-ST-ZIP			4.4 CITY-		· · · · · · · · · · · · · · · · · · ·	
TITLE			5.1 TITLE	31-ZIP	Change Ad	
NAME			5.2 NAME			
STREET ADDRESS			J	T ADDRESS	PESS .	
CITY-ST-ZIP			5.4 CITY-			
TITLE			61 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRES!	IRESS	
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	P	
14. I hereby co			for the exemp	otion sta	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
officer or o	on this annual report of supplemental lirector of the corporation or the recoi ir Block 13 if changed, or organ attac	ver or truster; empowered to	curate and the execute this	report	ny signature shall have the same legal effect as if made under oath; that I am an orl as required by Chapter 607, Florida Statutes; and that my name appears in	