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95 APR 18 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M29506 (6)

1. Corporation Name
CYPRESS COMMONS - I, INC.

Principal Place of Business 4020 STATE RD 674 SUITE #1 SUN CITY CENTER 33 33570 US	Mailing Address 4020 STATE RD 674 SUITE #1 SUN CITY CENTER FL 33570 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/26/1986	3a. Date of Last Report 03/02/1994
4. FEI Number 59-2661312	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**LABARBERA, JOSEPH P
4020 STATE RD 674, SUITE #1
SUN CITY CENTER FL 33570**

10. Name and Address of New Registered Agent

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: *Joseph P. Labarbera* DATE: **2/21/95**

12. OFFICERS AND DIRECTORS

TITLE D	NAME MCCARTHY, DOROTHIA
STREET ADDRESS 6119 RIVERVIEW BLVD W	CITY, ST, ZIP BRADENTON FL
TITLE DP	NAME STOUTAMYER, JULIAN
STREET ADDRESS 2010 59TH ST. W., S1500	CITY, ST, ZIP BRADENTON FL
TITLE D	NAME EISENBERG, MELVIN
STREET ADDRESS 412 64TH STREET, WEST	CITY, ST, ZIP BRADENTON FL
TITLE DVS	NAME LABARBERA, JOSEPH P
STREET ADDRESS 1001 SYMPHONY ISLES BLD	CITY, ST, ZIP APOLLO BCH FL
TITLE DT	NAME LIEBERMAN, LAWRENCE
STREET ADDRESS 2010 59TH ST. W. #1700	CITY, ST, ZIP BRADENTON FL
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Julian S. Stoutamyer* **JULIAN S. STOUTAMYER** DATE: **2/21/95** 813 792 2288