

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000070256 (1)

1. Corporation Name:

CYPRESS CREEK LAND CORP.

Principal Place of Business

614 SUPERIOR AVENUE, NW
ROCKFELLER BUILDING #1425
CLEVELAND OH 44113

Mailing Address

614 SUPERIOR AVENUE, NW
ROCKFELLER BUILDING #1425
CLEVELAND OH 44113



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/11/1993

3a. Date of Last Report
03/14/1995

4. FEI Number

58-2099636

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

10. Name and Address of New Registered Agent

TATUM, THOMAS R
200 E. LAS OLAS BLVD.
SUITE 1800
FT. LAUDERDALE FL 33301

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

Signature typed or printed name of registered agent, if not applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
JOYCE, KENNETH J
750 SE 3RD AVE. 3RD FL
FT. LAUDERDALE FL 33316

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
MILLER, ROGER
216 HIGHLAND DR.
APTOS CA 95003

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

VD ~~MARY~~
LEWIS, MARY H
11111 BISCAYNE BLVD. PH 52
MIAMI FL 33181

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PD
MILLER, MICHAEL L
614 SUPERIOR AVENUE, N.W.
CLEVELAND OH 44113

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

SD
MILLER, MICHAEL L
1300 N FEDERAL HIGHWAY 100D
BOCA RATON FL 33432

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

Delete

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☒ Change ☐ Addition

PRESIDENT

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☒ Change ☐ Addition

VICE PRESIDENT
2634 GAVIOTA DR
OWSIN RIA 33573

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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 119.07(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 on an attachment with an address.

SIGNATURE:

MICHAEL L. MILLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

2/15/96
Daytime Phone #

216 696 3929

CR2E034 (12/95)