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May 09 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 44114-2649**

3. Date Incorporated or Qualified **10/11/1993** 3a. Date of Last Report **02/21/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 58-2099636		Applied For ☐ Not Applicable	
21		26		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
23 City & State		28 City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
24 Zip		29 Zip		30 Country			
25 Country		30 Country					

9. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, ROGER	1.2 NAME	
STREET ADDRESS	216 HIGHLAND DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	APTOS CA 95003	1.4 CITY - ST - ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, MARCY	2.2 NAME	
STREET ADDRESS	11111 BISCAYNE BLVD. PH 52	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	P ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, MICHAEL L	3.2 NAME	
STREET ADDRESS	614 SUPERIOR AVENUE, N.W.	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH	3.4 CITY - ST - ZIP	
TITLE	VP ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, MICHAEL L	4.2 NAME	
STREET ADDRESS	3634 GAVIOTA DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	OWSRIN FL	4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Miller-Ohio 4/29/97 (216)696-3929

Date Daytime Phone #

CR2E034 (9/96)