

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90182 027 ***150.00

DOCUMENT # P93000070256

1. Corporation Name

CYPRESS CREEK LAND CORP.

Principal Place of Business

614 SUPERIOR AVENUE. NW
ROCKFELLER BUILDING #1425 #200
CLEVELAND OH 44113

Mailing Address

614 SUPERIOR AVENUE. NW
ROCKFELLER BUILDING #1425 #200
CLEVELAND OH 44113

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1993

4. FEI Number

58-2099636

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

MILLER, ROGER

STREET ADDRESS

216 HIGHLAND DR.

CITY-ST-ZIP

APTOS CA 95003

TITLE

VD

☐ DELETE

NAME

LEWIS, MARCY

STREET ADDRESS

11111 BISCAYNE BLVD. PH 52

CITY-ST-ZIP

MIAMI FL

TITLE

P

☐ DELETE

NAME

MILLER, MICHAEL L

STREET ADDRESS

20201 NORTH PARK BLVD

CITY-ST-ZIP

SHAKER HTS OH 44118

TITLE

VP

☐ DELETE

NAME

MILLER, MICHAEL L

STREET ADDRESS

1300 N FEDERAL HWY

CITY-ST-ZIP

BOCA RATON FL 33432

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐

Change

☐

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐

Change

☐

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐

Change

☐

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐

Change

☐

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐

Change

☐

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐

Change

☐

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Michael Miller-Ohio

216-696-3929

Date

Daytime Phone #

CR2E034 (1/98)