

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 # P93000087729 (8)

1. Corporation Name
CYPRESS AIRPORT, INC.



Principal Place of Business: 28059 U.S. HIGHWAY 19 SUITE 203 CLEARWATER FL 34621
Mailing Address: 28059 U.S. HIGHWAY 19 SUITE 203 CLEARWATER FL 34621

2. Principal Place of Business: 21 28059 U S Hwy 19 N Suite, Apt. #, etc. Suite 100 City & State Clearwater, FL Zip 34621 Country USA
2a. Mailing Address: 26 28059 U S Hwy 19 N Suite, Apt. #, etc. Suite 100 City & State Clearwater, FL Zip 34621 Country USA

3. Date Incorporated or Qualified: 12/23/1993
3a. Date of Last Report: 01/26/1995
4. FEI Number: 59-3215580 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: [X] Yes [] No

9. Name and Address of Current Registered Agent: KIMPTON, WILLIAM J 28059 US HWY 19 N, SUITE 203 CLEARWATER FL 34621
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 28059 U S Highway 19 North 83 Suite 100 84 City: Clearwater FL 85 Zip Code: 34621

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, in 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] DATE: 3/4/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: KIMPTON, WILLIAM J	1.1 TITLE:	28059 U. S. Hwy. 19 N. Suite 100
STREET ADDRESS: 28059 US HWY 19 N STE 203	CITY-STATE-ZIP: CLEARWATER FL	1.2 NAME:	
TITLE: STD	NAME: BURKE, ROBERT C JR	1.3 STREET ADDRESS:	28059 U. S. Hwy. 19 N. Suite 100
STREET ADDRESS: 28059 US HWY 19 N, STE 203	CITY-STATE-ZIP: CLEARWATER FL	1.4 CITY-STATE-ZIP:	
TITLE: D	NAME: BALOW, RONALD D	2.1 TITLE:	
STREET ADDRESS: 27989 US HWY 19 N	CITY-STATE-ZIP: CLEARWATER FL	2.2 NAME:	28059 U. S. Hwy. 19 N. Suite 100
TITLE: D	NAME: KALAJ, LUIGI	2.3 STREET ADDRESS:	
STREET ADDRESS: 3424 FAIRFIELD TRAIL	CITY-STATE-ZIP: CLEARWATER FL	2.4 CITY-STATE-ZIP:	
TITLE: D	NAME: DAVENPORT-FUDGE, TONI	3.1 TITLE:	
STREET ADDRESS: 4 BRIGHTWATER CIRCLE NE	CITY-STATE-ZIP: ST PETERSBURG FL	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	3.4 CITY-STATE-ZIP:	
TITLE:	NAME:	4.1 TITLE:	
STREET ADDRESS:	CITY-STATE-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	4.4 CITY-STATE-ZIP:	
TITLE:	NAME:	5.1 TITLE:	
STREET ADDRESS:	CITY-STATE-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	5.4 CITY-STATE-ZIP:	
TITLE:	NAME:	6.1 TITLE:	
STREET ADDRESS:	CITY-STATE-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	6.4 CITY-STATE-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 119.07(3)(k), Florida Statutes. I further certify that the information generated 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: [Signature] DATE: 3/4/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: William J. Kimpton, President
813/791-0063

CR2E034 (12/95)