

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

**FILED**

**Jan 21 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000071070 (1)**  
1. Corporation Name  
**CYPRESS POINT INVESTORS, INC.**



Principal Place of Business <b>29 CHEYENNE COURT PALM COAST FL 32137</b>	Mailing Address <b>29 CHEYENNE COURT PALM COAST FL 32137</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/15/1997</b>		
4. FEI Number <b>59-3474474</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>GUNTHARP, PAUL M JR. 4 OLD KINGS NORTH, STE. B PALM COAST FL 32137</b>		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	FL

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: *Anthony Stagliano* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STAGLIANO, ANTHONY</b>	1.2 NAME	
STREET ADDRESS	<b>29 CHEYENNE COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Anthony Stagliano* **ANTHONY STAGLIANO 1-6-98 904445-7030**

CR2E034 (10/97)