

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

FILED  
Feb 02, 1999 8:00am  
Secretary of State

02-02-1999 90029 023 \*\*\*\$150.00

PROFIT CORPORATION  
ANNUAL REPORT 1999

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

DOCUMENT # P97000071070

1. Corporation Name  
CYPRESS POINT INVESTORS, INC.

Principal Place of Business  
29 CHEYENNE COURT  
PALM COAST FL 32137

600 DPI  
Resolution Enhancement

29 CHEYENNE COURT  
PALM COAST FL 32137



DO NOT WRITE IN THESE AREAS  
Scalable Fonts

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated on or before  
08/15/1997

4. FE Number  
593474474

Applied For  
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

PCL6  
Memory Enhancement  
technology

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing   
7. Political Fund Contribution

\$5.00 May Be Added to Fee

23. Zip

28. Zip

Country

2 MBytes

8. This corporation owns no real or personal property in Florida  
Personal Property Tax

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUNTHER, PAUL M JR.  
4 OLD KINGS NORTH, STE. B  
PALM COAST FL 32137

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

11. I, the undersigned, being duly sworn, depose and say that I am familiar with, and accept the obligation of, the corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I hereby accept the appointment as registered agent, and accept the obligation of the corporation to pay the fee for this filing.

SIGNATURE

Signature, typed or printed name of registered agent (Not required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D  
NAME: STAGLIANO, ANTHONY  
STREET ADDRESS: 29 CHEYENNE COURT  
CITY-ST-ZIP: PALM COAST FL 32137

Change  Addition

Energy Star  
POLYMER PREVENTER

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

Change  Addition

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

DELETE

TITLE:  
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TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

DELETE

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change  Addition

Change  Addition

Change  Addition

14. I hereby certify that the information herein is true and correct to the best of my knowledge and belief, and 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: *Anthony Stagliano* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE: 1-13-99  
DAYTIME PHONE #: 904 445-7030

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

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CR2E034 (1/198)

LaserJet 6P