

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90173 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000066627

1. Corporation Name
CYPRESS POINT GRAPHICS, INC.



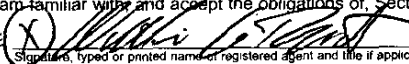
Principal Place of Business 6311 BROOKWOOD BLVD. TAMARAC FL 33321	Mailing Address 6311 BROOKWOOD BLVD. TAMARAC FL 33321
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5706 Bamboo Circle Suite, Apt. #, etc.		2a. Mailing Address 26 5706 Bamboo Circle Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/27/1998	
22 City & State 23 Tamarac FL		27 City & State 28 Tamarac FL		4. FEI Number 65-0857640	
24 33319 25 Broward		29 33319 30 Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BRACHT, WILLIAM A 6311 BROOKWOOD BLVD. TAMARAC FL 33321		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable) 5706 Bamboo Circle	
		83	
		84 City Tamarac FL 85 Zip Code 33319	

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:  DATE: **2-4-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P/S <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRACHT, WILLIAM A	1.2 NAME	
STREET ADDRESS	6311 BROOKWOOD BLVD.	1.3 STREET ADDRESS	5706 Bamboo Circle
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	Tamarac FL 33319-3569
TITLE	Treasurer <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharon Bracht	2.2 NAME	
STREET ADDRESS	5706 Bamboo Circle	2.3 STREET ADDRESS	
CITY-ST-ZIP	Tamarac FL 33319-3569	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 with all other like empowered.

SIGNATURE:  DATE: **2-4-99** Daytime Phone #

CR2E034 (11/98)