

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90208 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000071137

1. Corporation Name
CYPRESS INSURANCE SERVICES, INC.



Principal Place of Business: C/O 300 EAST PARK AVENUE TALLAHASSEE FL 32301
 Mailing Address: C/O 300 EAST PARK AVENUE TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/14/1998**
 4. FEI Number: **59-3540759**
 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 **13810 Sutton Park Dr. North**
 Suite, Apt. #, etc.: **Suite 529**
 City & State: **Jacksonville, FL**
 Zip: **32224** Country: **Duval**
 2a. Mailing Address: 26 **13810 Sutton Park Dr. North**
 Suite, Apt. #, etc.: **Suite 529**
 City & State: **Jacksonville, FL**
 Zip: **32224** Country: **Duval**

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHMAN, ALAN H	
STREET ADDRESS	6 WILLOW PLACE	
CITY-ST-ZIP	BROOKLYN NY 11201	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUDDY, BROOK L	
STREET ADDRESS	200 EAST 66TH STREET #D-904	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WRAY, MARC T	
STREET ADDRESS	314 EAST 82ND STREET #3FW	
CITY-ST-ZIP	NEW YORK NY 10028	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARGER, GARY R	
STREET ADDRESS	106 WOOD DUCK ROAD	
CITY-ST-ZIP	COLUMBIA SC 29223	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROVE, JOEL S	
STREET ADDRESS	10 BAFFORD COURT	
CITY-ST-ZIP	GLEN ARM MD 21057	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	13810 Sutton Park Dr. N. Apt 421	
4.4 CITY-ST-ZIP	Jacksonville, FL 32224	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	J. David Klaitz, Sr.	
6.3 STREET ADDRESS	117 Linkside Circle	
6.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	

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 REQUIRED **4/13/99** 904-223-1092
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (11/98)