

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

FILED  
Feb 09 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 # **270653** (9)  
1. Corporation Name  
**CYPRESS CREEK DEVELOPMENT CORP**

Principal Place of Business <b>9400 N MILITARY TRL BOYNTON BEACH FL 33436</b>	Mailing Address <b>9400 N MILITARY TRL BOYNTON BEACH FL 33436</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/12/1973</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>59-1289216</b>	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country		29. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WEAVER, MELVIN E 9524 CROSS CREEK DRIVE BOYNTON BEACH FL 33436</b>		10. Name and Address of New Registered Agent	
		81. Name <b>Weaver, C. Stanley</b>	
		82. Street Address (P.O. Box Number is Not Acceptable) <b>4662 Lotus Way</b>	
		83. City	
		84. City <b>Boynton Beach</b>	
		85. Zip Code <b>FL 33436</b>	

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

*C. Stanley Weaver*  
Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating)

**2 Feb 98**  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEAVER, MELVIN</b>	1.2 NAME	
STREET ADDRESS	<b>9524 CROSS CREEK DRIVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOYNTON BCH FL 33436</b>	1.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEAVER, MARCUS L</b>	2.2 NAME	<b>DECEASED</b>
STREET ADDRESS	<b>1133 MARINE WAY E.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NORTH PALM BEACH FL 33408</b>	2.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEAVER, C STANLEY</b>	3.2 NAME	
STREET ADDRESS	<b>4662 LOTUS WAY</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOYNTON BCH FL 33436</b>	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEAVER, CURTIS A</b>	4.2 NAME	
STREET ADDRESS	<b>4384 CARYOTA DRIVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOYNTON BCH FL 33436</b>	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: **C. STANLEY WEAVER**

CR2E034 (10/97)