

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 332463 (9)

1. Corporation Name
CYPRESS PROPERTIES INC



Principal Place of Business

6400 NW 84TH AVE
PO BOX 440781
MIAMI FL 33144

Mailing Address

6400 NW 84TH AVE
PO BOX 440781
MIAMI FL 33144

3. Date Incorporated or Qualified
07/15/1968

3a. Date of Last Report
01/13/1995

2. Principal Place of Business

2a. Mailing Address

21 6400 N.W. 84 AVE

26 P.O. Box 440791

4. FEI Number
59-1218519

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

MIAMI FL

24 Zip 33166 Country DADE

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEPHENS, J. M.
6400 NW 84TH AVE, POB 440791
MIAMI FL 33166

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STEPHENS, J. M.
STREET ADDRESS 6480 S.W. 82ND AVE.
CITY-ST-ZIP MIAMI FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE VD
NAME STEPHENS, DIANE
STREET ADDRESS 6480 S.W. 82ND AVE.
CITY-ST-ZIP MIAMI FL

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE T
NAME STEPHENS, J. M.
STREET ADDRESS 6480 S.W. 82ND AVE.
CITY-ST-ZIP MIAMI FL

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/96

305-592-6006

CR2E034 (12/95)