

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

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Feb 12, 1999 8:00am
Secretary of State

02-12-1999 90002 027 *****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 505235

1. Corporation Name
CYPRESS REALTY, INC.

Principal Place of Business

7270-4 COLLEGE PKWY
FT. MYERS FL 33907

Mailing Address

7270-4 COLLEGE PKWY
FT. MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1976

4. FEI Number

59-1678422

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

WADE, ROBERT L.
7270-4 COLLEGE PKWY
FT. MYERS FL 33907

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WADE, ROBERT L.
STREET ADDRESS 1920 VIRGINIA AVE.
CITY-ST-ZIP FORT MYERS FL

☐ DELETE

TITLE STD
NAME CONNELLY, JEAN L
STREET ADDRESS 1715 -6 RED CEDAR DRIVE
CITY-ST-ZIP FT. MYERS FL

☐ DELETE

TITLE VD
NAME COHAN, BRAD L.
STREET ADDRESS 6659 BROKEN ARROW RD.
CITY-ST-ZIP FORT MYERS FL

☐ DELETE

TITLE V
NAME GEHRINGER, THOMAS R
STREET ADDRESS 1508 SW 58 ST
CITY-ST-ZIP CAPE CORAL FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Wade
President

01-21-99

Date

941-275-3321

Daytime Phone #

CR2E034 (1/1/98)