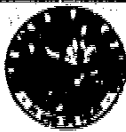


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 9:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 725590 (4)

1. Corporation Name

CYPRESS BEND PROTECTIVE CORPORATION, INC.

Principal Place of Business

Mailing Address

**2301 CYPRESS BEND DR. SO.
POMPANO BEACH FL 33069**

**2301 CYPRESS BEND DR. SO.
POMPANO BEACH FL 33069**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1973

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1577746

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARQUETTE, JOHN
2108 CYPRESS BEND DR., S, #508
POMPANO BCH. FL 33069**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MARQUETTE, JOHN
STREET ADDRESS	2108 CYPRESS BEND DR., S, #508
CITY - ST - ZIP	POMPANO BCH. FL
TITLE	VD
NAME	LONOW, VIRGINIA
STREET ADDRESS	2304 CYPRESS BEND DR., #515
CITY - ST - ZIP	POMPANO BCH. FL
TITLE	SD
NAME	BERNETT, SYLVIA
STREET ADDRESS	2206 CYPRESS BEND DR., S, #201
CITY - ST - ZIP	POMPANO BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	VD
2.2 NAME	LEDBETTER, DEAN
2.3 STREET ADDRESS	2202 Cypress Bend Dr. #807
2.4 CITY - ST - ZIP	Pompano Beach, FL 33069
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	TD
4.2 NAME	LONOW, VIRGINIA
4.3 STREET ADDRESS	2304 Cypress Bend Dr. #515
4.4 CITY - ST - ZIP	Pompano Beach, Florida 33069
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Virginia K. Lonow

Virginia-Lonow 4-19-95 305-978-1880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Keyline 1 Page 8)