

FILE NOW: FILING FEE IS \$61.25

*NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 725590 (4)
1. Corporation Name
CYPRESS BEND PROTECTIVE CORPORATION, INC.



Principal Place of Business
**2301 CYPRESS BEND DR. SO.
POMPANO BEACH FL 33069**

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

3. Date Incorporated or Qualified
02/19/1973

3a. Date of Last Report
04/25/1995

4. FEI Number
59-1577746

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **KAYE ROGER, P.A.**
82 Street Address (P.O. Box Number Not Acceptable)
**1500 W. CYPRESS CREEK ROAD
SUITE # 207**
83 City **FT. LAUDERDALE, FL**
84 Zip Code **33309**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

ROBERT L. KAYE *President* **February 1, 1996**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARQUETTE, JOHN	
STREET ADDRESS	2108 CYPRESS BEND DR., S. #508	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LEDBETTER, DEAN	
STREET ADDRESS	2202 CYPRESS BEND DRIVE #807	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BERNETT, SYLVIA	
STREET ADDRESS	2206 CYPRESS BEND DR., S. #201	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LONOW, VIRGINIA	
STREET ADDRESS	2304 CYPRESS BEND DRIVE #515	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PETERS, BARBARA	
1.3 STREET ADDRESS	2217 CYPRESS ISLAND DR. #205	
1.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33069	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALPERT, MARTY	
2.3 STREET ADDRESS	2232 CYPRESS BEND DR. N. #407	
2.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33069	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FOX, ARLENE	
3.3 STREET ADDRESS	2205 CYPRESS BEND DR. S. # 706	
3.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33069	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, 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

February 1, 1996 **954-978-0675**

Date

Daytime Phone #

CR2E037 (12/95)