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95 APR 17 PM 4:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729140 (4)
1. Corporation Name
CYPRESS WOODS, INC.

Principal Place of Business 4800 CYPRESS WOODS DRIVE ORLANDO FL 32811	Mailing Address 4800 CYPRESS WOODS DRIVE ORLANDO FL 32811
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/22/1974	3a. Date of Last Report 08/02/1994
4. FEI Number 59-2077076	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MAYO, JOANNE B
4800 CYPRESS WOODS DRIVE
ORLANDO 32811**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	RITZMANN, WALTER
STREET ADDRESS	5327 INDIAN CREEK DRIVE
CITY - ST - ZIP	ORLANDO, FL 00000
TITLE	T
NAME	BLACK, SHIRLEY A.
STREET ADDRESS	5307 PEBBLE BEACH DR.
CITY - ST - ZIP	ORLANDO, FL 00000
TITLE	S
NAME	LAWRENCE, HARRIET
STREET ADDRESS	5302 JASMINE CREEK LANE
CITY - ST - ZIP	ORLANDO, FL 00000
TITLE	D
NAME	AMBROSE, PETER
STREET ADDRESS	5302 JASMINE CREEK LANE
CITY - ST - ZIP	ORLANDO, FL 00000
TITLE	D
NAME	BOYER, ROBERT
STREET ADDRESS	5333 INDIAN CREEK DR.
CITY - ST - ZIP	ORLANDO, FL 00000
TITLE	VP
NAME	GOODSON, DAVID
STREET ADDRESS	7839 SNOWBERRY CIRCLE
CITY - ST - ZIP	ORLANDO, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Lentsch, Richard
23 STREET ADDRESS	5414 Pine Creek Drive
24 CITY - ST - ZIP	Orlando, FL. 32811
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Diane Kazaros
43 STREET ADDRESS	5332 Burning Tree Drive
44 CITY - ST - ZIP	Orlando, FL. 32811
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Davey, James Edward
53 STREET ADDRESS	5320 Pebble Beach Drive
54 CITY - ST - ZIP	Orlando, FL. 32811
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Thompson, Gregory L.
63 STREET ADDRESS	4838 Pebble Beach Drive
64 CITY - ST - ZIP	Orlando, FL. 32811

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: Walter Ritzmann 4/10/95 (407) 425-2373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Year/Time

Walter Ritzmann, President