

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 4: 10

DOCUMENT # 756709 (2)

1. Corporation Name

CORPORATE PARK AT CYPRESS CREEK PHASE II ASSOCIATION, INC.

Principal Place of Business

6400 N ANDREWS AVE
4TH FLOOR
FT LAUDERDALE FL 33309

Mailing Address

6400 N ANDREWS AVE
4TH FLOOR
FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 03/11/1981 | 3a. Date of Last Report 01/26/1994 |
| 4. FEI Number 59-2321315 | 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 type="checkbox"/> Yes <input type="checkbox"/> No | |

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

9. Name and Address of Current Registered Agent

GARDNER, RAYMOND G
6400 N. ANDREWS AVE.
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name
Bryan Duke
82 Street Address (P.O. Box Number is Not Acceptable)
c/o Stiles Corporation
83
6400 N Andrews Avenue
84 City
Ft Lauderdale, FL 85 Zip Code
33309

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* Bryan Duke Registered Agent 1/25/95

12. OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when registering) DATE

| | |
|-----------------|--------------------|
| TITLE | PD |
| NAME | WILLEY, JACK |
| STREET ADDRESS | 6400 N ANDREWS AVE |
| CITY - ST - ZIP | FT LAUDERDALE FL |
| TITLE | VD |
| NAME | PRESSLEY, WILLIAM |
| STREET ADDRESS | 6400 N ANDREWS AVE |
| CITY - ST - ZIP | FT LAUDERDALE FL |
| TITLE | STD |
| NAME | GARDNER, RAYMOND |
| STREET ADDRESS | 6400 N ANDREWS AVE |
| CITY - ST - ZIP | FT LAUDERDALE FL |
| TITLE | D |
| NAME | RENZULLI, ED |
| STREET ADDRESS | 6400 N ANDREWS AVE |
| CITY - ST - ZIP | FT LAUDERDALE FL |
| TITLE | D |
| NAME | GOODMAN, DAVID |
| STREET ADDRESS | 6400 N ANDREWS AVE |
| CITY - ST - ZIP | FT LAUDERDALE FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|---|--|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 1.1 TITLE | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | David Goodman |
| 1.3 STREET ADDRESS | 6400 N Andrews Avenue |
| 1.4 CITY - ST - ZIP | Ft Lauderdale, FL |
| 2.1 TITLE | Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Ed Renzulli |
| 2.3 STREET ADDRESS | 6400 N Andrews Avenue |
| 2.4 CITY - ST - ZIP | Ft Lauderdale, FL |
| 3.1 TITLE | Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Michael Wilson |
| 3.3 STREET ADDRESS | 6400 N Andrews Avenue |
| 3.4 CITY - ST - ZIP | Ft Lauderdale, FL |
| 4.1 TITLE | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Steve Fleisher |
| 4.3 STREET ADDRESS | 6400 N Andrews Avenue |
| 4.4 CITY - ST - ZIP | Ft Lauderdale, FL |
| 5.1 TITLE | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Jack Willey |
| 5.3 STREET ADDRESS | 6400 N Andrews Avenue |
| 5.4 CITY - ST - ZIP | Ft Lauderdale, FL |
| 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 110.07(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]* Steve Fleisher Director 1/25/95 305-776-9300