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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 1. Corporation Name

756709

FILED Mar 25 1997 8:00am Secretary of State

| CORPORATE PARK AT CYPRESS CREEK PHASE IT ASSOCIA TION, INC. Principal Place of Business Mailing Address | | | | | | | | |
|--|---|---|---|--|--|----------------------------|--|--|
| Principal Place of Business Mailing Address 6400 N ANDREWS AVE 6400 N ANDREWS AVE | | | | | | | | |
| TH FLOOR | | 4TH FLOOR | | | | | | |
| T LAUDERDALE FL 33309 | | FT LAUDERDALE FL 333 | 3. | Date Incorporated or Qua 03/11/1981 | alified 3a. | Date of Last F 02/05/19 | | |
| 2. Principal F | Place of Business | 2a. Mailing Address 26 | | 4. 1 | FEI Number 59-2321315 | | | pplied For ot Applicabl |
| Suite, Apt | #, etc | Surte, Apt. #, etc. | | 5. (| Certificate of Status Desir | red 🔲 | | Additional equired |
| City & Sta | te | City & State | | 6. | Election Campaign Finan | cing | \$5.00 | May Be |
| <u>]</u> | | 28 | | | Trust Fund Contribution | | Added | to Fees |
| - Z ф 1 | Country | Ζιρ 1 | Country | I | This corporation has liable | | | s. 199.032, |
| J | 25 9. Name and Address of Curr | 29 | 30 | | Florida Statutes Name and Address of N | Yes | | |
| | 9. Name and Address of Curr | ent vedisteren waant | 81 Na | ame | Marie and Address of P | ION HODISTOID | n våeur | |
| B. 1125 | DD12441 | | [01] | arries | | | | |
| DUKE, BRYAN C/O STILES CORPORATION | | | 82 St | reet Address (P. | O. Box Number is Not Ac | cceptable) | | |
| FT LAUDERDALE FL 33009 | | | 83 | | 1 | | | |
| | | | 84 Ci | ty | | | 85 Zip | Code |
| | | | 1 1 | • | | F | L | |
| office or | conjetered accept or both in the Sta | ito of Florida. Such change wa | e authorized by the | corporation's be | hard of directors. I hereby | | | |
| SIGNATURE | to the provisions of Sections 617.0 registered agent, or both, in the Sta am familiar with, and accept the obli- signature typed or pulled have of mysterid. | agent and litle if applicable IN | IOTE: Registered Agent sig | griature required when r | einstaling) | DATE | | |
| GNATURI 2. | Signature, typed or paniled name of registered OF FICERS A | agent and tice if applicable IN | IOTE: Registered Agent sig | riature required when i | | DATE | ND DIRECTO | RS IN 12 |
| SIGNATURF 2. IILE | Signature typed or panied name of impatered. OFFICERS A | agent and litle if applicable IN | IOTE: Registered Agent sig 13. | riature required when i | einstaling) | DATE | | RS IN 12 |
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Too nereby certay that the information supplied with this 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 Statules; and that my name appears in Block 12 or Block is if changed, or one an attachment with an address.

SIGNATURE:

Narch 21, 1997 954-776039300