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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 33309-2172

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 03/11/1981
3a. Date of Last Report: 02/05/1996
4. FEI Number: 59-2321315
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

9. Name and Address of Current Registered Agent: DUKE, BRYAN C/O STILES CORPORATION FT LAUDERDALE FL 33009

10. Name and Address of New Registered Agent (81-85) fields.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, MIKE	
STREET ADDRESS	6400 N ANDREWS AVENUE D4TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FLEISHER, STEVE	
STREET ADDRESS	6400 N ANDREWS AVE 4TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PATEK, ROBERT	
STREET ADDRESS	6400 N ANDREWS AVENUE 4TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEISS, ANDREW	
STREET ADDRESS	6400 N ANDREWS AVENUE 4TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOODMAN, DAVID	
STREET ADDRESS	6400 N ANDREWS AVE. 4TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Consovoy, Barry	
1.3 STREET ADDRESS	6400 N Andrews Avenue 4th Floor	
1.4 CITY-ST-ZIP	Ft Lauderdale, FL	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fleisher, Steve	
2.3 STREET ADDRESS	6400 N. Andrews Ave. 4th Floor	
2.4 CITY-ST-ZIP		
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Patek, Robert	
3.3 STREET ADDRESS	6400 N Andrews Avenue 4th Floor	
3.4 CITY-ST-ZIP	Ft Lauderdale FL	
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	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Goodman, David	
5.3 STREET ADDRESS	6400 N. Andrews Avenue 4th Floor	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: March 21, 1997

CR2E037 (9/96)