Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90041 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F19034

1. Corporation Name

CYPRESS REALTY OF TALLAHASSEE, INC.

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Principal Plac	ce of Business	Mailing Address					
315 A N COPE	ELAND	P. O. BOX 13485					
PO BOX 13485 PO BOX 13485				DO NOT WRITE IN THIS SPACE			
TALLAHASSEE FL 32304 TALLAHASSEE FL 32317				3. Date Incorporated or Qualifed			
US		US		1	•		
					/10/1981		A 1: 1 F
	Place of Business	2a. Mailing Address	2 210	,	Number	⊢ —+	Applied For
21 1300	S Executive Cote Dr.	26 Y·O.	DX 214	6 59	<u>-2066324</u>		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	• •	5. Cei	tifcate of Status Desired		Additional
22 Suit	e 115	27					Required
City & Sta	te (),	City & State	131	I	ction Campaign Financing		O May Be
23 \all	zhassee / Fla.		ssee to	, Tru	st Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Country		s corporation owes the current yea		
24 <i>3</i> 22	25 USA	29 3236	30 US		sonal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		10. Na	me and Address of New Registe	red Agent	
			81 Name				
	DBY, DEBORAH A.	82 Street	82 Street Address (P.Q. Box Number is Not Acceptable)				
HC	1, BOX 3500 -9A		2921 rarca mare, Shares Ad				
	RRAMORE SHORES RD	83		<u> </u>	7,0.		
TAL	LAHASSEE FL 32310					11-	
		₩.	- 84 City	511. l	$\frac{3}{2}$	FL 85 4	32310
44 Durawant	to the provisions of Sections 607.0502	and 607 1509 Florida Statute	the shove-named	corporation sil	bmits this statement for the purpos	e of changing	its registered
office or	registered agent, or both, in the State o	if Florida. Such change was at	ithorized by the corp	oration's board	of directors. I hereby accept the a	ppointment as	registered
agent. I a	am familiar with, and accept the obligati	ons of, Section 607.0505, Flor	ida Statutes.				
SIGNATURE		AVATE:	Registered Agent signature	required when reinsta	ting) DAT		
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.		ITIONS/CHANGES TO OFFICERS		TORS IN 12
	PTS	DELETE	1.1 TITLE	<u> </u>		Chang	
TITLE	1 , , , ,		1.2 NAME	l			_
NAME	RODBY, DEBORAH A			2921	Parramore Sh		2-0
STREET ADDRESS	1		1.3 STREET ADDRESS	धन या	valiamore sn	ores r	nce i
CITY-ST-ZIP	TALLAHASSEE,F L.		1,4 CITY-ST-ZIP	_		Chana	e
TITLE	\ VD	DELETE	2.1 TITLE			Chang	a [_] WOONDON
NAME	TALLEY, HERBERT W SR.	, ,	2.2 NAME				
STREET ADDRESS	2549 MARSTON RD.		2.3 STREET ADDRESS		میرفستانیون نیسان از برن	erajara am	. معت
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY-ST-ZIP	_			
TITLE	D	☐ DELETE	3.1 TTTLE	_		∑ Chang	e Addition
NAME	RODBY, DEBORAH A		3.2 NAME	1			
STREET ADDRESS	0745 57 + 50V 5500 64		3.3 STREET ADDRESS	2921	Parramore Shor	-cc Q1	
CITY-ST-ZIP	TALLAHASSEE FL		3.4. CITY-ST-ZIP			-3 FI W	•
TITLE	19209	☐ DELETE	4.1 TITLE	V, D		Chang	je XAddition
	'		4. 2 NAME		2V TAMES F	2 _.	
NAME	annow chart	y		KOD	By, JAMES Parramore Sh		01
STREET ADDRESS	•		4.3 STREET ADDRESS	2921	Parramore, Sh	ores	na
CITY-ST-ZIP		— — — — — — — — — — — — — — — — — — —	4.4 CITY-ST-ZIP	Talla	hassee + la.	323/S	e Addition
TITLE		☐ DELETE	5.1 TITLE		-		
MALJE	1		5.2 NAME	1			

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a attachment w

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TTTLE

NAME

☐ Change

Addition