

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 10:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F49773

(7)

1. Corporation Name

CYPRESS CREEK BUILDERS, INC.

Principal Place of Business

**100 N.E. FIFTH AVENUE
SUITE A-2
DELRAY BEACH FL 33483
US**

Mailing Address

**100 N.E. FIFTH AVENUE
SUITE A-2
DELRAY BEACH FL 33483
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/15/1981

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2362971

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SIMON, ALEXANDER A JR
777 E. ATLANTIC AVE., #400
DELRAY BEACH FL FL 33444**

10. Name and Address of New Registered Agent

81. Name

SAME

82. Street Address (P.O. Box Number is Not Acceptable)

100 N.E. 5 AVENUE, SUITE A-2

83.

84.

DELRAY BEACH

FL

85.

**Zip Code
33483**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

WEAVER, STANLEY C

STREET ADDRESS

9400 N MILITARY TRL

CITY-ST-ZIP

BOYNTON BEACH, FL 0

TITLE

PD

NAME

SIMON, ALEXANDER A JR

STREET ADDRESS

100 N.E. 5 AVE., SUITE A-2

CITY-ST-ZIP

DELRAY BEACH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

S/T

1.2 NAME

ROY M. SIMON

1.3 STREET ADDRESS

100 N.E. 5 AVENUE, SUITE A-2

1.4 CITY-ST-ZIP

DELRAY BEACH, FL 33483

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ROY M. SIMON, SEC Y/TREAS.

407-278-1914