

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F49773

(7)

1. Corporation Name

CYPRESS CREEK BUILDERS, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

10/15/1981

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

SIMON, ALEXANDER A JR
100 NE 5 AVENUE
SUITE A-2
DELRAY BEACH FL FL 33483

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 (provide if applicable)

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME WEAVER, STANLEY C

STREET ADDRESS 9400 N MILITARY TRL

CITY-ST-ZIP BOYNTON BEACH, FL 0

TITLE ☐ DELETE

NAME PD

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

CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ DELETE

NAME ST

STREET ADDRESS SIMON, ROY M

CITY-ST-ZIP 100 NE 5 AVENUE, SUITE A-2

CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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.

2/28/96

407-278-1914

Daytime Phone #

CR2E034 (12/95)