

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90277 009 ***150.00

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 33483-5429
US

3. Date Incorporated or Qualified

10/15/1981

3a. Date of Last Report

03/08/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

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

☐

Yes

☐

No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

☐ DELETE

TITLE PD
NAME SIMON, ALEXANDER A JR
STREET ADDRESS 100 N.E. 5 AVE., SUITE A-2
CITY-ST-ZIP DELRAY BEACH FL

TITLE ST
NAME SIMON, ROY M
STREET ADDRESS 100 NE 5 AVENUE, 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

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

☐ Change

☐ Addition

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 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

Roy M. Simon, Sec'y/Treas

04/29/99

561-278-1914