

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000006428 (6)

1. Corporation Name

MJSI CYPRESS CREEK, INC.



Principal Place of Business

200 S. PARK RD.  
SUITE 200  
HOLLYWOOD FL 33021

Mailing Address

200 S. PARK RD.  
SUITE 200  
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified  
12/16/1994

3a. Date of Last Report  
04/26/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

65-0539626

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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

XX No

9. Name and Address of Current Registered Agent

STOTZER, THEODORE R  
200 S. PARK RD.  
SUITE 200  
HOLLYWOOD FL 33021

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 and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD  
NAME SWERDLOW, MICHAEL J  
STREET ADDRESS 200 S. PARK RD.  
CITY-ST-ZIP HOLLYWOOD FL

□ DELETE

TITLE SVPS  
NAME STOTZER, THEODORE R  
STREET ADDRESS 200 S. PARK RD.  
CITY-ST-ZIP HOLLYWOOD FL

□ DELETE

TITLE SVP  
NAME ATZMON, SIDNEY  
STREET ADDRESS 200 S. PARK RD.  
CITY-ST-ZIP HOLLYWOOD FL

□ DELETE

TITLE SVP  
NAME LEBLANC, ROGER  
STREET ADDRESS 200 S. PARK RD.  
CITY-ST-ZIP HOLLYWOOD FL

□ DELETE

TITLE VAST  
NAME IAMMATTEO, MARIE  
STREET ADDRESS 200 S. PARK RD.  
CITY-ST-ZIP HOLLYWOOD FL 33021

□ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

□ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

□ Change □ Addition

□ Change □ Addition

□ Change □ Addition

□ Change □ Addition

□ Change □ Addition

□ Change □ Addition

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\*\*\*208.75

4-30-96  
JR

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96

(954) 981-1000

Date

Daytime Phone #

CR2E034 (12/95)