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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # J00313**

Principal Place of Duames	CYPRES	S HOTEL MANAGEMENT	COMPANY						
215 NORTH EQUA DRIVE US	Principal Place	e of Business	Mailing Address			A INDIANA SILL SALLS ILLES ILLES ALL SICH SILL SICH	01011 01911 9191F	#/#+1 B1814 >681	
2. Principal Place of Business 2. Principal Place 2. Princi	115 MARKS ST 115 MARKS ST 215 NORTH EOLA DRIVE 215 NORTH EOLA DRIVE								
Sulfis, Apil. F, etc.	US		US			02/20/1986			
Suite, Apt. F. etc. 27		lace of Business				Į.	<u> </u>		
City & State City & State City & State City & State City & State City & State Country St. Trust Fund Contribution Added to Fees	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired			
Zip	City & State City & State					1			
9. Name and Address of Current Registered Agent MARSHALL, BYRD F JR 201 E PINE ST STE 1200 ORLANDO FL 32801 44 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 agent, are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE STD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE STD OKINTYRE, THOMAS 11. STREET ADDRESS 13. STREET ADDRESS 13. STREET ADDRESS 13. STREET ADDRESS 15. MARKS STR 15. MARKS ST 22. NAWE 15. MARKS ST 22. NAWE 32. STREET ADDRESS 15. MARKS ST 22. NAWE 32. STREET ADDRESS 15. MARKS ST 22. NAWE 32. STREET ADDRESS 23. STREET ADDRESS 24. ADTY-ST-ZP TITLE DELETE 11. TITLE DELETE 11. TITLE DELETE 31. TITLE DELETE 32. STREET ADDRESS 33. STREET ADDRESS 34. STREET ADDRESS 35. STREET ADDRESS 3	Zip .	Zip Country Zip		— ·		8. This corporation owes the current year Intangible			
MARSHALL, BYRD F JR 201 E PINE ST STE 1200 ORLANDO FL 32801 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florids Statutes, be corporation submits this statement for the purpose of changing its registered agant. I am familiar with, and accept the obligations of, Section 607.0505, Florids Statutes, be corporation submits this statement for the purpose of changing its registered agant. I am familiar with, and accept the obligations of, Section 607.0505, Florids Statutes, be corporation submits this statement for the purpose of changing its registered agant. I am familiar with, and accept the obligations of, Section 607.0505, Florids Statutes, be corporation's board of directors. I hereby accept that appointment as registered agant. I am familiar with, and accept the obligations of, Section 607.0505, Florids Statutes, be corporation's board of directors. I hereby accept that purpose of changing its registered agant. I am familiar with, and accept the obligations of, Section 607.0505, Florids Statutes, be corporation's board of directors. I hereby accept that purpose of changing its registered agant. I am familiar with, and accept the obligations of, Section 607.0505, Florids Statutes, be corporation's board of directors. I hereby accept that purpose of changing its registered agant. I am familiar with, and accept the obligations of, Section 607.0505, Florids Statutes. SIGNATURE SIGNATURE STID	24			701			1 Agent		
201 E PINE ST STE 1200 ORLANDO FL 32801 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 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE STD DELETE 1:1 TITLE MCINTYRE, THOMAS 115 MARKS STREET 115 STREET ADDRESS 115 MARKS STREET 12 STREET ADDRESS 115 MARKS STREET 12 STITLE PD DELETE 2:1 TITLE PD DELETE 2:1 TITLE PD DELETE 3:1 TITLE PD DELETE 3:1 TITLE PD DELETE 3:1 TITLE STREET ADDRESS CITY-ST-ZP ORLANDO FL 12 NAME STREET ADDRESS CITY-ST-ZP TITLE DELETE 4:1 TITLE DELETE 3:1 TITLE D		5. Name and Address of Conte	nt registered rigent	81	Name				
STE 1200 ORLANDO FL 32801 83 44 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 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, 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, 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, and manual mention and the purpose of changing its registered agent, and manual mention agent				82	Street Add	idress (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32801 84 City FL 85 Zip Code floor or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its 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, are familiar with, and accept the obligations of, Section 607.0905, Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered spent, are familiar with, and accept the obligations of, Section 607.0905, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE STD OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 15 MACRIST 1 13. TITLE				83			33.1	30	
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 sceept the appointment as registered office or registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE STD DELETE 11.TITLE STD DELETE 11.TITLE CHANGE 12.NAME MCINITYRE, THOMAS 12.NAME STREET ADDRESS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD DELETE 2.TITLE CHANGE AGENT SUPPLY AND DIRECTORS IN 12. TITLE PD DELETE 2.TITLE AGENCY AND DIRECTORS 2.2. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DELETE 3.TITLE AGENCY A							122	. (1886)	
office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. In receipt accept, the applications agent agent and the flagolation degree agent and the flagolation of registered a					•		L `		
NOTE Registered agent and step if applicables (NOTE Registered agent and step if applicables (NOTE Registered agent and step if applicables (NOTE Registered agent agent and step if applicables) 13.	office or r	egistered agent or both in the State	e of Florida. Such change was au	inorizea dy i	-named corporation	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appu	of changing its pintment as re	s registered egistered	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	Planeture hand or proted name of registered as	nent and title if applicable (NOTE: F	Registered Agent	signature require	ed when reinstating) DATE		 ;	
TITLE	12.	3/8					ND DIRECTO	ORS IN 12	
STREET ADDRESS 115 MARKS STREET 13 STREET ADDRESS CTV-ST-ZIP TITLE PD		STD	☐ DELETE 1.1 T				Change	☐ Addition	
CITY-ST-ZIP	NAME	MCINTYRE, THOMAS		1.2 NAME					
TITLE	STREET ADDRESS	115 MARKS STREET	TREET 13		ADDRESS			ļ	
NAME	CITY-ST-ZIP			1.4 CITY-ST	-ZIP				
115 MARKS ST	TITLE	l .	☐ DELETE	2.1 TITLE		•	[_] Change	Addition	
CITY-ST-ZIP	NAME .							Ĭ	
TITLE	STREET ADDRESS			2.3 STREET	ADDRESS			ļ	
NAME				_	T-ZIP	1,0-40	☐ Change	. □ Addition	
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.5 STREET ADDRESS 4.2 NAME 3.3 STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.5 NAME 3.5 STREET ADDRESS			_						
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TITLE	,	·							
A.2 NAME				_	1-21		1 Change	Addition	
A3 STREET ADDRESS A4 CITY-ST-ZIP A			_						
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE S.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition					ADDRESS				
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STREET ADDRESS			☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition Addi	NAME			5.2 NAME					
	STREET ADDRESS				1	, .			
A SAMALE	CITY-ST-ZIP			_4	-ZIP	<u></u>			
NAME 6.2 NAME	TITLE		☐ DELETE		1	•	∐ Change	☐ Addition	
6.3 STDEFT ADDRESS	NAME				ADDDESS				

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 enhancement of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an anatomment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

President

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90008 027 ***150.00