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 # K19930 (2)

1. Corporation Name
CYPRESS INSURANCE COMPANY

Principal Place of Business
9690 N.W. 41ST STREET
MIAMI FL 33178
US

Mailing Address
BOX 52-5100
MIAMI FL 33152

3. Date Incorporated or Qualified: 01/13/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
Suite Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26: P. O. Box 02-5100
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29: 33102 Country — 30

4. FEI Number: 59-2912102 — 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

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent
81 Name: Michael G. Shannon, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 2222 Ponce De Leon Blvd., Suite 6000
83
84 City: Coral Gables FL 85 Zip Code: 33134

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: Michael G. Shannon, Esq. — Signature, typed or printed name of registered agent and title — Registered Agent — Date: 4/30/96

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	MACNEILL, MALCOLM G.	
STREET ADDRESS	9690 NW 41ST ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	☒ DELETE
NAME	ROGAN, THOMAS B.	
STREET ADDRESS	9690 NW 41ST ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	☐ DELETE
NAME	TORRES, RONALD A.	
STREET ADDRESS	9690 NW 41ST ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☒ DELETE
NAME	MCCURDY, JOSEPH P.	
STREET ADDRESS	9690 NW 41ST ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	☒ DELETE
NAME	BULLINGTON, DOUGLAS W.	
STREET ADDRESS	9690 NW 41ST ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☒ DELETE
NAME	GILBERT, STEPHEN A.	
STREET ADDRESS	9690 NW 41ST ST.	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DS	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	300001819753 -05/14/96--01015--019 ***208.75	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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: Ronald A Torres — RONALD A TORRES — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-30-96 — Daytime Phone #: 305-591-3525

CR2E034 (12/95)

5/1/96