

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K72662** (5)

1. Corporation Name

**CSC CYPRESS REAL ESTATE SERVICES, INC.**



Principal Place of Business

**4901 NW 17TH WAY  
SUITE 103  
FT. LAUDERDALE FL 33309**

Mailing Address

**4901 NW 17TH WAY  
SUITE 103  
FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified  
**03/10/1989**

3a. Date of Last Report  
**04/20/1995**

2. Principal Place of Business

21 **4901 NW 17th Way**

2a. Mailing Address

26 **4901 NW 17th Way**

4. FEI Number

**65-0111599**

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **Suite 103**

Suite, Apt. #, etc.

27 **Suite 103**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

23 **Ft. Lauderdale, FL**

City & State

28 **Ft. Lauderdale**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

24 **33309**

Country

25 **FLORIDA**

Zip

29 **33309**

Country

30 **FLORIDA**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ROSS, MICHAEL  
GREENSPOON, MARDER, HIRSCHFELD & RAFKIN  
100 W CYPRESS CREEK RD, STE 700  
FT LAUDERDALE FL 33309**

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 the applicant

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **DP COLLINS, JOHN P.**  
STREET ADDRESS **3950 N.W. 53 STREET**  
CITY- ST- ZIP **BOCA RATON FL**

TITLE ☐ DELETE  
NAME **VP LLOYD, W SCOT**  
STREET ADDRESS **931 PALM TRAIL, #5**  
CITY- ST- ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE  
NAME **T CORZETTE, STEPHEN S**  
STREET ADDRESS **3721 NE 29 AVE**  
CITY- ST- ZIP **LIGHTHOUSE PT FL**

TITLE ☐ DELETE  
NAME **S SCHRAGE, JOSEPH B**  
STREET ADDRESS **7510 SW 105 TERR**  
CITY- ST- ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 ☐ 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 ☐ 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 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN P. COLLINS**

**305-351-9993**

Date

Signature Printed Name

CR2E034 (12/95)