

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Jun 17, 1999 8:00 am Secretary of State

06-17-1999 90009 018 ***150.00

DOCUMENT # P26596 L22458 ✓
1. Corporation Name
~~BROOKSHORE, LTD. CORPORATION~~
CYPRESS PARK DEVELOPMENT, INC.

Principal Place of Business Mailing Address
SO. OCEAN BLVD. APT 6 525 B BROADWAY MALL
HIGHLAND BEACH FL 33487 HICKSVILLE NY 11801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-10/23/1989 10/11/1989	
City & State		City & State		4. FEI Number	
Zip		Zip		-11-2842143 11-2987851	
Country		Country		Applied For	
25		29		Not Applicable	
26		27		5. Certificate of Status Desired	
28		30		<input type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing	
30		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	
30		30		8. This corporation owes the current year Intangible Personal Property Tax.	
30		30		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
TRIPLE F PROPERTIES, INC
3401 SO. OCEAN BLVD. APT 6
HIGHLAND BEACH FL 33487

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FRANK, KENNETH	
STREET ADDRESS	525 BROADWAY MALL	
CITY-ST-ZIP	HICKSVILLE NY 11801	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FRANKLIN, FRANK	
STREET ADDRESS	3401 SO. OCEAN BLVD. APT 6	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: _____ DATE: 6/18/99 DAYTIME PHONE #: 516 935 8200
Signature, typed or printed name of signing officer or director

CR2E034 (11/98)

CORPORATE OFFICE OF THE UNDERSIGNED

525B BROADWAY MALL
HICKSVILLE, L.I., N.Y. 11801

(516) 935-8200

June 8, 1999

577331-90009-18
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Department of State
Annual Reports Filing
-Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

REF: 1930 Sunrise Interests, Inc.
Cypress Park Development, Inc.

To Whom It May Concern:

Please be advised, we did not receive the annual report for filing the Profit Corporation Annual Report 1999. I called your department and was advised to use one of the forms for another property we own and cross out the information and enter the information for the above-referenced companies.

As mentioned above, I have enclosed the forms and checks for both companies. Please advise upon receipt if any further documentation is required.

Thank you for your attention to this matter.

Sincerely,



Patricia A. Lall,
Bookkeeper

/PAL
Encl.