

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 # **L34614** (2)
1. Corporation Name
CYPRESS ENCLAVE CORP.



Principal Place of Business: **C/O DENNIS J. LUMSDEN, 6719 WINKLER ROAD, SUITE 121, FT. MYERS FL 33919**
Mailing Address: **C/O DENNIS J. LUMSDEN, 6719 WINKLER ROAD, SUITE 121, FT. MYERS FL 33919**

3. Date Incorporated or Qualified: **12/01/1989**
3a. Date of Last Report: **03/09/1995**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
22. State, Apt. #, etc.
27. Suite, Apt. #, etc.
23. City & State
28. City & State
24. Zip, Country
29. Zip, Country

4. FEI Number: **65-0164082**
Applied For: 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
**LUMSDEN, DENNIS J.
6719 WINKLER ROAD, SUITE 121
FT. MYERS FL 33919**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City, State, Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUMSDEN, DENNIS J.	
STREET ADDRESS	6719 WINKLER RD, STE 121	
CITY- ST- ZIP	FT. MYERS, FL 33919	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	TAYLOR, LYNNE C.	
STREET ADDRESS	6719 WINKLER RD, STE 121	
CITY- ST- ZIP	FT. MYERS, FL 33919	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LECRONE, LEROY	
STREET ADDRESS	6719 WINKLER RD, STE 121	
CITY- ST- ZIP	FT. MYERS, FL 33919	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PAULK, CHARLES M.	
STREET ADDRESS	14702 TRIPLE EAGLE CT.	
CITY- ST- ZIP	FT. MYERS FL	
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 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: _____ DATE: **2-3-96** DAYTIME PHONE #: **941-487-1774**

CR2E034 (12/95)