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Jan 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 33919-7200

3. Date Incorporated or Qualified  
12/01/1989

3a. Date of Last Report  
02/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUMSDEN, DENNIS J.  
6719 WINKLER ROAD, SUITE 121  
FT. MYERS FL 33919

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 of person in charge of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LUMSDEN, DENNIS J.  
STREET ADDRESS 6719 WINKLER RD, STE 121  
CITY- ST- ZIP FT. MYERS, FL 33919

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE STD  
NAME TAYLOR, LYNNE C.  
STREET ADDRESS 6719 WINKLER RD, STE 121  
CITY- ST- ZIP FT. MYERS, FL 33919

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE VD  
NAME LECRONE, LEROY  
STREET ADDRESS 6719 WINKLER RD, STE 121  
CITY- ST- ZIP FT. MYERS, FL 33919

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE VD  
NAME PAULK, CHARLES M.  
STREET ADDRESS 14702 TRIPLE EAGLE CT.  
CITY- ST- ZIP FT. MYERS FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS J. LUMSDEN 1-10-97 941 489 1774

Date

Daytime Phone #

0102187

CR2E034 (9/96)