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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # L35179

(5)

CYPRESS CREEK SHOPPING CENTER CORPORATION

FILED Jan 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 500 E PRINCETON ST. 500 E PRINCETON ST. ORLANDO FL 32803 ORLANDO FL 32803 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/07/1989 2. Principal Place of Business 2a. Mailing Address 4. FEi Number Applied For 21 26 58-1873207 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Cauntry Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MCCREE, RICHARD T. 500 E. PRINCETON ST Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE ☐ DELETE 1,1 TITLE ☐ Change ___ Addition MCCREE, RICHARD T. NAME 1.2 NAME 500 E. PRINCETON ST. STREET ADDRESS 1,3 STREET ADDRESS ORLANDO FL CITY - ST - ZIP 1.4 CITY - ST-ZIP DELETE Change TITLE 2.1 TITLE Addition CASTLE, J. GARY NAME 2.2 NAME 500 E. PRINCETON ST. STREET ADDRESS 2.3 STREET ADORESS ORLANDO FL City - St - ZiP 2. 4 CITY - ST - ZIP DELETE ___ Addition Change TITLE 3.1 TITLE MCEWAN, BRUCE NAME 3.2 NAME 1129 S. OSCEOLA AVE. 3.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CITY - ST- 2IF 3.4. CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP □ DELETE Change Addition 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

64 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 right of 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 color bright 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 critical in the color bright of 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 critical in the color bright of the colo

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

CICNIATURE.

City-ST-ZIP

STREET ADDRESS

TITLE

NAME

1/12/98

(407) 898-4821

Change

___ Addition