

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


FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90047 010 ***158.75



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L35179					
1. Corporation Name CYPRESS CREEK SHOPPING CENTER CORPORATION					
Principal Place of Business 500 E PRINCETON ST. ORLANDO FL 32803			Mailing Address 500 E PRINCETON ST. ORLANDO FL 32803		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business			3. Date Incorporated or Qualified 12/07/1989		
21 Suite, Apt. #, etc.			4. FEI Number 58-1873207		
22 City & State			Applied For Not Applicable		
23 Zip Country			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
24			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
25			8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
26			9. Name and Address of Current Registered Agent		
27			10. Name and Address of New Registered Agent		
28			81 Name		
29			82 Street Address (P.O. Box Number is Not Acceptable)		
30			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
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					

SIGNATURE: _____ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 (407)898-4821

Date

Daytime Phone #

CR2E034 (11/98)