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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L89588

(2)

CYPRESS GROUP ASSOCIATES, INC.

FILED						
Apr 29 1997 8:00am						
Secretary of State						

66 1122

Principal Place of Business		Mailing Address		- I ODRASION CON DIALIDADO AND CORRES FOLS	TIRAL BUDA, BERU BURAL BERU BERU ARRI	
6100 GLADES ROAD SUITE 205 BOCA RATON FL 33434		6100 GLADES ROAD SUITE 205 BOCA RATON FL 33434-4399				
				3. Date Incorporated or Qualified 07/27/1990	3a. Date of Last Report 05/01/1996	
21	lace of Business	2a, Mailing Address 26		4. FEI Number 65-0212714	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State	θ 	City & State		<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	\$5.00 May Be Added to Fees	
Zip 24	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032, Yes No	
24	25 Name and Address of Curre	29 29 Agent	30	Florida Statutes  10. Name and Address of New Reg		
TOOMEY, PAUL, D 6100 GLADES ROAD, SUITE 205 BOCA RATON FL 33434  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, typed or printed name of registered a		11. Begisterod Agent signature requi		DATE	
12.	OFFICERS A	ND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12  Change Addition	
NAME	DAVIS, RICHARD, L	_ better	1.2 NAME		Li Change Li Addition	
STREET ADORESS	6100 GLADES RD #205		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP			
TITLE	VST	DELETE	2 1 TITLE		Change Addition	
NAME	TOOMEY, PAUL, D		22 NAME			
STREET ADDRESS	6100 GLADES RD #205		2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		2 4 CITY-ST-ZIP			
TITLE		DELETE	3.º TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 \$1REF1 ADDRESS 3.4. CITY- \$1- ZIP			
CITY-ST-ZIP TITLE		DELFTE	4.1 TATLE		Change Addition	
NAME		_	4. 2 NAME		_ , _	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5 1 TITLE		☐ Change ☐ Addition	
NAME			52 NAME			
STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP			5.4 CHY-ST-ZIP			
TITLE		☐ DELETE	61 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	ov cartily that the information supplies	nd with this filling does not qual	6.4 CITY - ST- ZIP	d in Section 119.07(3)(i), Florida Statutes	L further certify that the	
information indicated on this entroyl 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 or changed, or on an attachment with an address						