## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 29 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L89588 CYPRESS GROUP ASSOCIATES. INC. Principal Place of Business Mailing Address 6100 GLADES ROAD 6100 GLADES ROAD SUITE 205 SUITE 205 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33434** BOCA RATON FL 33434 3. Date Incorporated or Qualified 07/27/1990 Applied For 2a. Mailing Addre FFI Number 7280W 65-0212714 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent TOOMEY, PAUL, D Pirland L. Onvis 6100 GLADES ROAD, SUITE 205 **BOCA RATON FL 33434** Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's be agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. submits this statement for the purpose of changing its fegistered pard of directors. I hereby accept the appointment as registered SIGNATURE oldspiligable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE TITLE 1.1 TITLE 12 NAME DAVIS, RICHARD, L NAME 6100 GLADES RD #205 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME TOOMEY, PAUL, D 22 NAME 6100 GLADES RD #205 2.3 STREET ADORESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE Change TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE

6.2 NAME 6.3 STREET ADDRESS

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 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

SIGNATURE:

Block 12 or Block 13 if changed, or or

NAME

STREET ADORESS CITY-ST-ZIP

4/21/98

561-395-7559