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May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000003341 (4)

1. Corporation Name

CYPRESS EQUITY FUND MANAGEMENT CORP.



Principal Place of Business

Mailing Address

200 S ORANGE AVE  
SUITE 205 SUNBANK CENTER  
ORLANDO FL 32801

200 S ORANGE AVE  
STE 1200 SUNBANK CENTER  
ORLANDO FL 32801-3410  
US

3. Date Incorporated or Qualified 07/06/1994  
3a. Date of Last Report 06/18/1996

2. Principal Place of Business

2a. Mailing Address

21 390 N. Orange Ave  
22 Suite Apt. #, etc. Suite 1300  
23 City & State Orlando FL  
24 Zip 32801 25 Country USA

26 390 N. Orange Ave  
27 Suite Apt. #, etc. Suite 1300  
28 City & State Orlando FL  
29 Zip 32801 30 Country

4. FEI Number 59-3260874  
Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCINTOSH, DAVID  
777 S FLAGLER DR  
SUITE 500  
WEST PALM BEACH FL 33401

81 Name Thomas P. Page  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 390 N. Orange Ave, Suite 1300  
84 City Orlando FL 85 Zip Code 32801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/29/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	HEGGETAD, ARNOLD A	
STREET ADDRESS	COLLEGE BUSINESS ADMIN 321 BUSINESS BLDG	
CITY-ST-ZIP	GAINESVILLE FL 32611	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROOKE, PETER A	
STREET ADDRESS	ADVENT INTL 101 FEDERAL ST 5TH FLOOR	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUFFIER, JOAN D	
STREET ADDRESS	1115 BELLEAIRE CIR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCINTOSH, DAVID	
STREET ADDRESS	GUNSTER YOAKLEY 777 S FLAGLER DR #500	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRUNDAGE, WILLIAM G	
STREET ADDRESS	ENTERPRISE FL 200 ORANGE AVE SUNBANK CTR	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D President	<input type="checkbox"/> DELETE
NAME	FRANKLIN, DAVID	
STREET ADDRESS	200 S ORANGE AVE STE 1200	
CITY-ST-ZIP	ORLANDO FL 32801	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	P - David Franklin
6.3 STREET ADDRESS	390 N. Orange Ave, Suite 1300
6.4 CITY-ST-ZIP	Orlando FL 32801

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if change, or on an attachment with an address.

SIGNATURE *[Signature]* 4/29/97 211 211

CP2E037 (9/96)