FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 6:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004926

1. Corporation Name: CYPRESS PLACE Inc.

Principal Place of Business / Mailing Address: 10.000 STIRLING RD. SUITE 2, COOPER CITY FLA. 33024.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: JAN. 12- 1994
3a. Date of Last Report:
4. FEI Number: 65-0480744 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent
YVONNE GINSBERG. EXEC. DIR.
3121 N. 52 AVE
HOLLYWOOD FLA. 33024.

10. Name and Address of New Registered Agent
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: YVONNE GINSBERG E — 6/7/95.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT.	11 TITLE	☐ Change ☐ Addition
NAME	JOSEPH A. GRIFFIN. D	12 NAME	BEV. LANGLEY D
STREET ADDRESS	1600 S.W. 9 st	13 STREET ADDRESS	11980 S.W. 3 st.
CITY-ST-ZIP	FT. LAUDERDALE FLA. 33312.	14 CITY-ST-ZIP	PLANTATION FLA. 33325.
TITLE	VICE PRESIDENT	21 TITLE	☐ Change ☐ Addition
NAME	ROBIN STAR. D	22 NAME	JULIE SHAW. D
STREET ADDRESS	9788 N.W. 15 st	23 STREET ADDRESS	6200 N. ANDREWS AVE.
CITY-ST-ZIP	PEMBROKE PINES FL. 33024	24 CITY-ST-ZIP	FT. Lauderdale FLA. 33309.
TITLE	TREASURER.	31 TITLE	☐ Change ☐ Addition
NAME	BARBARA GOOD D	32 NAME	MICHAEL WESOLOWSKI D
STREET ADDRESS	2224 S.E. 20 ST.	33 STREET ADDRESS	601 N.E 39 ST
CITY-ST-ZIP	FT. LAUDERDALE FLA. 33316	34 CITY-ST-ZIP	MIAMI FLA. 33137.
TITLE	SECRETARY.	41 TITLE	☐ Change ☐ Addition
NAME	ANN EISNER D	42 NAME	500001518345
STREET ADDRESS	7330 LA RESERVE CIRCLE	43 STREET ADDRESS	-06/20/95--01119--018
CITY-ST-ZIP	TAMARAC FLA. 33321.	44 CITY-ST-ZIP	*****68.75 *****68.75
TITLE	TREAS.	51 TITLE	☐ Change ☐ Addition
NAME	JAMES M. GIBSON. D	52 NAME	
STREET ADDRESS	17600 N.W. 9 PL.	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FLA. 33169.	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME	CAROLINE GURLAND, D	62 NAME	
STREET ADDRESS	4401 N. HILLS DR.	63 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FLA. 33021.	64 CITY-ST-ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: YVONNE GINSBERG. — MARCH 9-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOSEPH A GRIFFIN — 305-438-3900