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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(2)

CYPRESS EQUIPMENT MANAGEMENT CORPORATION II

FILED Apr 29 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address				i ideliest ide title mitte tratt diet diet diett diett diett diett biett biet bie
ONE SANSOME STREET, SUITE 1800 ONE SANSOME STREET, SUITE				ກ		,
SAN FRANCISCO CA 94104 SAN FRANCISCO CA 94104						
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 11/08/1991
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				94-3144574 Not Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.				6. Certificate of Status Desired
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be
├ ── '		28	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	ilry		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	p. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent
	CORPORATION SYSTEM		!·	B1 1	Name)
1200 \$. PINE ISLAND ROAD				B2 S	Street A	t Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324						
				63		
	ŧ		}	84 (City	■ 85 Zip Code
			1		•	FL " "
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	es, the ab	ove-n	amed	d corporation submits this statement for the purpose of changing its registered
office or re agent. Lar	egiste red agent, or both, in the State m fa miliar with, and accept the oblic	e of Florida, Such change was jations of, Section 607,0505, FI	autnorized orida Statu	ıtes.	ie corp	orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE		r				
SIGNATORE	Signature, typen or printed name of registered ag			Agent	signature	are required when reinstating) DATE
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD ATERUEN D	☐ DELETE	1,110			
NAME	HARWOOD, STEPHEN R.	200	1.2 NAI		1	a comment when dison
STREET ADDRESS	ONE SANSOME STREET,#19	au vall		REET AD	l l	(AL) (D)
CITY-ST (ZIP	SAN FRANCISCO CA	70109	_	Y-S1-2	ZIP	
TITLE	VD	L DELETE	2.1 TIT		1	1 – – –
NAME	NAJJAR, ALEX A.	•••	2.2 NA		- 1	Dia
STREET AODRESS	ONE SANSOME STREET,#19	m aning		REE1 AD	- 1	94100
CITY-ST(ZIP)	SAN FRANCISCO CA	DELETE		IY - 51-	ZIP	SAN FLANCISCE CA Change Addition
TITLE	CHUN, MATTHEW	™ DELETE	3.1 TIT			Change
NAME	ONE SANSOME STREET,#19	300	3.2 NA			
STREET ADDRESS	SAN FRANCISCO CA	5 00	3 3 \$16			;
CITY-ST-ZIP	SAN FRANCISCO CA	DELETE	3.4. CI		ZIP	Change Addition
TITLE		f nereig	4.1 TIT			County Notion
NAME			4. 2 NA		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
STREET ADDRESS				REET AD	- 1	
CITY-ST-ZIP		DELETE	5 1 T/T	Y-ST-	4P	Change Addition
TITLE		- Detert	5 2 NA			
NAME AVACET ADDRESS			•		nneree	
STREET ADDRESS			1	TEET AD	- 1	'
CITY-ST-ZIP		DELETE	6.4 UII	Y-S1-	zir	Change Addition
TITLE			62 NA		ł	
NAME					note:	
STREET ADDRESS				REET AC		'
CITY-ST-ZIP	all at a the information of the line of	with this fiture stone and quality		Y-ST-		ated 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 efficer 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 if changed, or on an attachment with an address.