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FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P92000006362 (7)
 1. Corporation Name
CYPRESS BAY CONSTRUCTION & RESTORATION INC.



Principal Place of Business: **1865 79TH STREET CAUSEWAY, PENTHOUSE K NORTH BAY VILLAGE FL 33141**

Mailing Address: **1040 WEST JERICO TURNPIKE SMITHTOWN NY 11787-3211**

2. Principal Place of Business (21-23) and Mailing Address (24-26) details including City, State, Zip, and Country.

3. Date incorporated or Qualified: **11/20/1992**

3a. Date of Last Report: **06/04/1996**

4. FEI Number: **65-0369811**

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
TRIMARCO, VINCENT
4101 N.W. 26TH AVENUE
BLDG. 7, ROOM 65
LAUDERDALE LAKES FL 33313

10. Name and Address of New Registered Agent

81 Name: **COREY BURDICK**

82 Street Address (P.O. Box Number is Not Acceptable): **1526 HENDLEY STREET**

83

84 City: **FORT MYERS** FL 85 Zip Code: **3390**

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: **COREY BURDICK** (Signature) **COREY BURDICK** (Typed Name) **4/24/97** (Date)

12. OFFICERS AND DIRECTORS

DELETE

TITLE: **P**

NAME: **KERN, ROY**

STREET ADDRESS: **9 ELLEN PL**

CITY- ST- ZIP: **KINGS PARK NY 11754**

DELETE

TITLE: **V**

NAME: **TRIMARCO, MICHAEL**

STREET ADDRESS: **4 BAY RD EAST**

CITY- ST- ZIP: **SETAUKET NY 11733**

DELETE

TITLE: **S**

NAME: **TRIMARCO, VINCENT**

STREET ADDRESS: **4 BAY RD EAST**

CITY- ST- ZIP: **SETAUKET NY 11733**

DELETE

TITLE: **TRIMARCO, VINCENT JR**

NAME: **4 BAY RD EAST**

STREET ADDRESS: **SETAUKET NY 11733**

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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

SIGNATURE: **[Signature]** **4/24/97** **5765433456**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)