

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000028407 (3)

1. Corporation Name

CYPRESS RUN APARTMENTS, INC.

Principal Place of Business

30 ST LCAIR AVE W
SUITE 1100
TORONTO, ONTARIO
OC

Mailing Address

30 ST LCAIR AVE W
SUITE 1100
TORONTO, ONTARIO
OC

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/19/1993

3a. Date of Last Report

02/28/1994

4. FEI Number

98-0133430

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

2. Principal Place of Business

21 30 ST. CLAIR AVE W

2a. Mailing Address

26 30 ST. CLAIR AVE. W.

Suite, Apt. #, etc.

22 SUITE 1100

Suite, Apt. #, etc.

27 Suite 1100

City & State

23 Toronto, Ontario

City & State

28 Toronto, Ontario

Zip

24 M4V 3A1

Country

25 Canada

Zip

29 M4V 3A1

Country

30 Canada

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
1500 MIAMI CENTER
201 S BISCAYNE BLVD
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV
NAME MEDOFF, RONALD A
STREET ADDRESS 30 ST CLAIR AVE W SUITE 1100
CITY-ST-ZIP TORONTO, ONTARIO, CANADA

TITLE DP
NAME HOFFER, MAYER
STREET ADDRESS 30 ST CLAIR AVE W SUITE 1100
CITY-ST-ZIP TORONTO, ONTARIO, CANADA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 110.07(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald Medoff

Mar 14/95

(416) 972-0458

Date

Daytime Phone #