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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P93000028407 (3)**

1. Corporation Name

**CYPRESS RUN APARTMENTS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 30 ST CLAIR AVE W<br>SUITE 1100<br>TORONTO ON M4V3A<br>US | 30 ST CLAIR AVE W<br>SUITE 1100<br>TORONTO ON M4V3A<br>US |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip: 24 M4V 3A1 Country: 25 Canada | Zip: 29 M4V 3A1 Country: 30 Canada |

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 04/19/1993 | 03/21/1995 |

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

**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: Letitia E. Wood, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 200 E. Robinson St.
83 Suite 500
84 City: Orlando FL 85 Zip Code: 32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: Letitia E. Wood, President (Signature for appointment as registered agent) Letitia E. Wood, President (Typed or printed name of registered agent) 3/13/96 (Date)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | DV | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | MEDOFF, RONALD A | | 1.2 NAME | |
| STREET ADDRESS | 30 ST CLAIR AVE W SUITE 1100 | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TORONTO, ONTARIO, CANADA | | 1.4 CITY-ST-ZIP | |
| TITLE | DP | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | HOFFER, MAYER | | 2.2 NAME | |
| STREET ADDRESS | 30 ST CLAIR AVE W SUITE 1100 | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TORONTO, ONTARIO, CANADA | | 2.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

CR2E034 (12/95)

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)(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 attached sheet, with my title or address.

**SIGNATURE:** Ronald Medoff Mar 11/96 (416)972-0458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)