

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000029541 (8)

1. Corporation Name

CYPRESS WESTSHORE, INC.

Principal Place of Business

1253 PARK ST
CLEARWATER FL 34616

Mailing Address

1253 PARK ST
CLEARWATER FL 34616



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	04/22/1993	01/20/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-3189489	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	25	Trust Fund Contribution	
		<input type="checkbox"/>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
		29	30

9. Name and Address of Current Registered Agent

WARD, R C
1253 PARK ST
CLEARWATER FL 34616

correct name

10. Name and Address of New Registered Agent

81. Name	R. Carlton Ward
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 of applicant)

(Typed) Registered Agent's signature required when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D WARD, R C <input type="checkbox"/> DELETE	1.1 TITLE	1-1 Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARD, R C	1.2 NAME	Ward, R. Carlton
STREET ADDRESS	1253 PARK AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34616	1.4 CITY - ST - ZIP	
TITLE	D RUXTON, D S <input type="checkbox"/> DELETE	2.1 TITLE	2-1 Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUXTON, D S	2.2 NAME	
STREET ADDRESS	15 BOULEVARD ROYAL L-2499	2.3 STREET ADDRESS	
CITY - ST - ZIP	LUXEMBOURG	2.4 CITY - ST - ZIP	
TITLE	D PALLOT, ROSEMARIE <input type="checkbox"/> DELETE	3.1 TITLE	3-1 Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALLOT, ROSEMARIE	3.2 NAME	3-2 Pallot, Rosemary
STREET ADDRESS	15 BOULEVARD ROYAL L-2499	3.3 STREET ADDRESS	
CITY - ST - ZIP	LUXEMBOURG	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 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

R. Carlton Ward, President

Date:

3/27/96

Daytime Phone #

813 443 3281

CR2E034 (12/95)