**File Now. Filing Fee after May 1 is $225.00**

CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

500001841335
-05/28/96--01052--028
***200.00

1. Name and Mailing Address of Corporation: DOCUMENT # P94000038054

CYPRIANA II, INC
5285 RED BUG LAKE RD.
WINTER SPRINGS, FLORIDA

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

DO NOT WRITE IN THIS SPACE

| FILING FEE $200.00 | ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE<br>MAKE CHECK PAYABLE TO DEPARTMENT OF STATE |
|---|---|

3. Date Incorporated or Qualified: 05/16/1994
3a. Date of Last Report: 4/25/95

4. FEI Number: 59-3224849 ☐ Applied For ☐ Not Applicable

2. Mailing Address
21: 5285 RED BUG LAKE RD
Suite, Apt. #, etc. 22:
City & State 23: WINTER SPRINGS, FLA.
Zip 24: 32708 Country 25: SEMINOLE

2a. Principle Place of Business
26: SAME
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BABB, SHEILA A.
5285 RED BUG RD.
WINTER SPRINGS, FL. 32708

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 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____ DATE _____
(Registered Agent Accepting Appointment)

| 12. OFFICERS AND DIRECTORS | | 13. OFFICERS AND DIRECTORS CHANGES | |
|---|---|---|---|
| 1.1 TITLE | ANDREAS BILLIS P/D | 1.1 TITLE | |
| 1.2 NAME | | 1.2 NAME | |
| 1.3 ADDRESS | 1436 LA PALOMA CIR. | 1.3 ADDRESS | |
| 1.4 CITY-ST-ZIP | WINTER SPRINGS, FL. 32708 | 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | SECRETARY-DIRECTOR | 2.1 TITLE | |
| 2.2 NAME | SHEILA BABB | 2.2 NAME | |
| 2.3 ADDRESS | 317 RINGWOOD CIRCLE | 2.3 ADDRESS | |
| 2.4 CITY-ST-ZIP | WINTER SPRINGS, FL. 32708 | 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | | 3.1 TITLE | |
| 3.2 NAME | | 3.2 NAME | |
| 3.3 ADDRESS | | 3.3 ADDRESS | |
| 3.4 CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | | 4.1 TITLE | |
| 4.2 NAME | | 4.2 NAME | |
| 4.3 ADDRESS | | 4.3 ADDRESS | |
| 4.4 CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | | 5.1 TITLE | |
| 5.2 NAME | | 5.2 NAME | |
| 5.3 ADDRESS | | 5.3 ADDRESS | |
| 5.4 CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | | 6.1 TITLE | |
| 6.2 NAME | | 6.2 NAME | |
| 6.3 ADDRESS | | 6.3 ADDRESS | |
| 6.4 CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

5/1 JC

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE Andreas Billis DATE 4/29/96

Print/Type Name of Signing Officer or Director | Title(s) | Daytime Telephone Number

CR2E034 (11/92)