FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90119 036 ***150.00

DOCUMENT	F# P940	00045131
1. Corporation Name		

CYPRES	STAIR CONDITIONING, IN	C			
*		,	••	in the second	
Principal Place	e of Business	Mailing Address	-	- Li cerestan sin const bion agus anns anns anns anns an	SI BIANI NIINY ILAND SILAK ILAN KONI
7667 W. SMAP		7667 W. SMAPLE RD	* 3	مه المالية	
STE 263	LE HU .	STE 263			
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065			DO NOT WRITE IN TH	IS SPACE	
US		US		3. Date Incorporated or Qualifed	
			<u> </u>	06/16/1994	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0498334	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5,00 May Be
23	· .	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country .	8. This corporation owes the current year	
24	25	29 30	1 1	Personal Property Tax.	ØYes □No
<u></u>	9. Name and Address of Curr			10. Name and Address of New Registere	d Agent
			81 Name	1,5	
	UIN, JOHN		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
,	70 N.W. 43RD ST.			,	
COR	IAL SPRINGS FL 33065		83		
1			84 -City-		85 Zip Code
}			·-		
11Pursuant	to the provisions of Sections 607.0	502 and 607 1508, Florida Statutes, te of Florida, Such change was author	the above-named corporation	oration submits this statement for the purpose in's board of directors. I hereby accept the app	of changing its registered introduced
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Florida	Statutes.		
SIGNATURE					
	Signature, typed or printed name of registered a	ngent and title if applicable. (NOTE: Reg AND DIRECTORS	pistered Agent signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	P ·	DELETE	1.1 TITLE .	ADDITIONS/OTANGES TO OTT IDEAS	Change Addition
NAME	BLOUIN, JOHN		1.2 NAME		
STREET ADDRESS	7956 VENETIAN ST		1.3 STREET ADDRESS		Ì
CITY-ST-ZIP	MIRAMAR FL	,	1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS	· . ·		2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	, ,		3.2 NAME		
STREET ADDRESS	<u>.</u>		3.3 STREET ADDRESS		}
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME	1 .		4 2 NAME]
STREET ADDRESS		i	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change Addition
TITLE	· ·	☐ DELETE	5.1 TITLE	v	Change Addition
NAME			5.2 NAME		
STREET ADDRESS	المايم موجي داداني اسال	. * /	5.3 STREET ADDRESS .	i te i jak en en	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		Change Addition
TITLE	•	□ vcrci¢	6.2 NAME	,	
NAME CTTCT ADDRESS	•		6.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY- ST-ZIP)

14. Thereby 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 an abstractment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 954,878-443