

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 # P94000074116 (2)

1. Corporation Name

CYPRESS INSURANCE GROUP, INC.



Principal Place of Business

5800 N. ANDREWS AVE  
FT. LAUDERDALE FL 33309  
US

Mailing Address

P.O. DRAWER 9328  
FT. LAUDERDALE FL 33310  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified  
10/10/1994

3a. Date of Last Report  
02/24/1995

4. FEI Number  
65-0525578

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

BOND, ROGER G.  
5800 N. ANDREWS AVENUE  
FORT LAUDERDALE FL 33309

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME BOND, ROGER G  
STREET ADDRESS 2700 SE 6 ST  
CITY-ST-ZIP POMPANO BEACH FL

TITLE VP ☐ DELETE  
NAME BOWMAN, JERRY K  
STREET ADDRESS 717 NE 3RD ST  
CITY-ST-ZIP POMPANO BEACH FL

TITLE VP ☐ DELETE  
NAME PRICE, RONALD F  
STREET ADDRESS 2495 SE 7 DR  
CITY-ST-ZIP POMPANO BEACH FL

TITLE TS ☐ DELETE  
NAME BOND, TERRY A  
STREET ADDRESS 2700 SE 6 ST  
CITY-ST-ZIP POMPANO BEACH FL

TITLE VP ☐ DELETE  
NAME BOWMAN, J. K  
STREET ADDRESS 4450 NE 30 AVE  
CITY-ST-ZIP LIGHTHOUSE POINT FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.P. ☐ Change ☒ Addition  
1.2 NAME BRUCE TAYLOR  
1.3 STREET ADDRESS 1451 SW 68TH AVE  
1.4 CITY-ST-ZIP PLANTATION, FL 33317

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME CHERYL TAYLOR  
2.3 STREET ADDRESS 1451 SW 68TH AVE  
2.4 CITY-ST-ZIP PLANTATION, FL 33317

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 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

ROGER G. BOND

4996

954-771-0300

Date

Daytime Phone #

CR2E034 (12/95)