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Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90035 050 ****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000074116

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.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

3. Date Incorporated or Qualified

10/10/1994

4. FEI Number

65-0525578

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ 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
NAME BOND, ROGER G
STREET ADDRESS 3111 NE 57TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33308

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

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

TITLE TS
NAME BOND, TERRY A
STREET ADDRESS 3111 NE 57TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE VP
NAME BOWMAN, J. K
STREET ADDRESS 4251 NE 24TH AVE
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE VP
NAME BRUCE TAYLOR
STREET ADDRESS 1451 SW 68TH AVE.
CITY-ST-ZIP PLANTATION FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I hereby 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ROGER G. Bond, Pres.

1-27-99 954-771-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)