

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 10:35

DOCUMENT # **P94000083415 (7)**

1. Corporation Name

CYPRESS FINANCIAL MORTGAGE CORPORATION, INC.

Principal Place of Business

**10081 PINES BLVD.
SUITE C-1
PEMBROKE PINES FL 33024**

Mailing Address

**10081 PINES BLVD.
SUITE C-1
PEMBROKE PINES FL 33024**

2. Date of Annual Report (FEE)

11/15/1994

3a. Date of Last Report

2. Principal Place of Business

21 2700 N. 29th Avenue

2a. Mailing Address

26 2700 N. 29th Avenue

4. FEE Number

65-0535249

Applied Fee

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status (Required) ☐

**\$8.75 Additional
Fee Required**

22 301A

27 301A

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

City & State

City & State

23 Hollywood, Florida

28 Hollywood, Florida

Zip

Country

Zip

Country

24 33020

25 USA

29 33020

30 USA

8. This corporation has liability for intangible tax under S. 199.036,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALKER, ROSE A
10081 PINES BLVD.
SUITE C-1
PEMBROKE PINES FL 33024**

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 time of application)

(Date, Registered Agent signature required when necessary)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	CULPEPPER, THOMAS L
STREET ADDRESS	452 BARBARI LANE
CITY-ST-ZIP	DAVIE FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1. TITLE	☒ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	2700 N. 29th Avenue, Suite 301A
4. CITY-ST-ZIP	Hollywood, Florida 33020
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 Sections 199.02(3)(B), 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:

Thomas L. Culpepper
THOMAS L. CULPEPPER
President

2/10/95