

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000075439 (6)

1. Corporation Name
CYR, INC.



Principal Place of Business

Mailing Address

**1323 SE 17 STREET #635
FT LAUDERDALE FL 33316**

**1323 SE 17 STREET #635
FT LAUDERDALE FL 33316**

| | |
|--|--|
| 3. Date Incorporated or Qualified 10/02/1995 | 3a. Date of Last Report N/A |
| 4. FEI Number 65-0614444 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-----------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. 271-273 SW 33RD CT | 26. FT LAUD. FLORIDA |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22. FT LAUD. FLORIDA | 27. FT LAUD. FLORIDA |
| City & State | City & State |
| 23. FL | 28. FL |
| Zip | Zip |
| 24. 33315 | 29. 33315 |
| Country | Country |
| 25. US | 30. US |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACDONALD, IAN
1323 SE 17 STREET #635
FT LAUDERDALE FL 33316**

| |
|--|
| 81. Name IAN MAC DONALD |
| 82. Street Address (P.O. Box Number is Not Acceptable) 1221 SW 18TH STREET |
| 83. City & State FT LAUDERDALE FL |
| 84. Zip Code 33315 |

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 *Ian Macdonald* **IAN MAC DONALD** **PRESIDENT** **1/22/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | DELETED |
|----------------------------|-------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MACDONALD, IAN | |
| STREET ADDRESS | 1323 SE 17 STREET #635 | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33316 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|--------------------------------|-------------------------------------|--------------------------|
| 1.1 TITLE | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | 1221 SW 18TH STREET | | |
| 1.4 CITY-ST-ZIP | FT LAUDERDALE, FL 33315 | | |
| 2.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 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: *Ian Macdonald* **IAN MAC DONALD** **1/22/96** **(305) 760-9626**
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (12/95)