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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

STREET ADDRESS

appears in Block 12 or Blo

SIGNATURE:

DOCUMENT # P95000078052 (4)

THE CYPRESS CREEK CLAIMS COMPANY

Principal Place of Business Mailing Address 2701 NW 62ND ST PO BOX 9509 FT LAUDERDALE FL 33309 FT LAUDERDALE FL 3331 US			-9508			
					3. Date Incorporated or Qualified 10/09/1995	3a. Date of Last Report 06/20/1996
2. Principal Pi	ace of Business	2a. Mailing Address 26			4. FEI Number 65-0642958	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	···		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country 10			Yes No
4	9. Name and Address of Current	Hegistered Agent	81 N	ame	10. Name and Address of New Re	gistered Agent
	LE, WILLIAM J			arrie		
	1 NW 62ND ST AUDERDALE FL 33309			treet Addre	ss (P.O. Box Number is Not Acceptab	ole)
			83			
			84 C	ity		FL 85 Zip Code
office or re agent. Las SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State in familiar with, and accept the obligations between the state of registered agents.	of Florida. Such change was au tions of, Section 607.0505, Flori	Ithorized by th	e corporation	on's board of directors. I hereby accept d when reinstating:	pt the appointment as registered
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
NAME STREET ADDRESS CITY ST-ZiP	D LITTLE, WILLIAM J 2701 NW 62ND ST FT LAUDERDALE FL 33309	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADE 1.4 CITY-ST-ZI] Change
Title NAME STREET ADORESS City-SI-Zip	D D'ANGIO, GREGORY R 2701 NW 62ND ST FT LAUDERDALE FL 33309	☐ DELETE	21 TITLE 22 NAME 23 STREET ADE 24 CITY-ST-Z			☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	D Haun, John J 2701 NW 62ND ST FT Lauderdale FL 33309	DELETE	31 TITLE 32 NAME 33 STREET ADD 34. CITY+ST-2	<u> </u>		Change Addition
TITLE NAME STHEET ACTORESS CITY-ST-ZIP		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADD 4.4 CITY- ST-Z	- 1		
TILE NAME STREET ADDRESS CITY - ST - ZIP		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET AIX 5.4 CITY-ST-Z			Change Addition
TITLE		☐ DELETE	6.1 TITLE 6.2 NAME		·····	Change Addition

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 deport 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 combination or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

with an address.