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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000078052

1. Corporation Name

THE CYPRESS CREEK CLAIMS COMPANY

							-{				
Principal Place	e of Business	Ma	ailing Address								
2701 NW 62ND ST PO BOX 9508											
7, Diop2			LAUDERDALE FL 33310	ALE FL 33310			DO NOT WRITE IN THIS SPACE				
US							3. Date Incorporated or Qualifed				
							10/09/1995				
2 Principal D	lace of Business	22	Mailing Address				4. FEI Number	\neg	Appl	ied For	
2. Principal Place of Business			6				65-0642958	 ' ' - ' 			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				_	\$8.7	£	lditional	
			outo, ripti ir, otol				5. Certifcate of Status Desired		e Req		
***			City & State	ity & State			6. Election Campaign Financing \$5.00 May Be				
<u> </u>			28				Trust Fund Contribution Added to Fees				
Zip	Country	20	Zip	Coun	itry		8. This corporation owes the current year Intar	ngible			
—	25	29		30	•			☐Yes	Γ	□No	
24	9. Name and Address of Curre		tered Agent	1301			10. Name and Address of New Registered A	gent			
	5. Italio alia Addibbo Si Gaile		<u></u>		81	Name		•			
LITTLE, WILLIAM J							CO D All the state A company of the				
2701 NW 62ND ST					82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
	AUDERDALE FL 33309			}	83						
J	- 10541 101 14 1 4 VOVV			1		_					
ĺ				Ī	84	City	FL	85	Zip Co	ode	
								hanoin	a its n		
Affino or r	radiatorad agent or both in the State	n of Floric	ta. Such change was a	authomzen	DV I	-named corpo the corporation	oration submits this statement for the purpose of c n's board of directors. I hereby accept the appoint	ment a	ıs regi	stered	
agent. I a	m familiar with, and accept the oblig	ations of	Section 607.0505, Flo	orida Statu	tes.	,	, , , , , , , , , , , , , , , , , , , ,				
SIGNATURE											
	Signature, typed or printed name of registered ag				Agent	signature required		DIDE	CTOE	C IN 12	
12.	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND	Char		Addition	
TITLE	D		☐ DELETE	1.1 T/T					,gc		
NAME	LITTLE, WILLIAM J			1.2 NAJ	ME	ļ					
STREET ADDRESS	2701 NW 62ND ST			1.3 STF	REET	ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL 33309			1,4 CIT	Y-ST-	- ZIP					
TITLE	D ·		☐ DELETE	2.1 TITI	LE			Chai	nge	☐ Addition	
NAME	D'ANGIO, GREGORY R			2.2 NA	ME						
STREET ADDRESS	2701 NW 62ND ST			2.3 ST	REET	ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL 33309			2, 4 CI	TY-ST	r-zip					
TILE	D		☐ DELETE	3.1 TIT	LE			Chai	nge	Addition	
NAME	HAUN, JOHN J			3.2 NA	ME						
STREET ADDRESS	ATT			3.3 STI	REET	ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL 33309			3.4. CF	TY-ST	r-ZIP					
TITLE	I CAUDENDALL I E 00008		☐ DELETE	4.1 TIT				☐ Cha	nge	Addition	
NAME	1		— -	4, 2 NA							
[ADDRESS					
STREET ADDRESS	1										
CITY-ST-ZIP	-		☐ DELETE	4,4 CIT		-LIP		Cha	inge	☐ Addition	
TITLE			المالية المالية	5.7 III					•		
NAME						ADDRESS					
STREET ADDRESS	4			ł							
CITY-ST-ZIP			D SELECTE	5.4 CIT 6.1 TIT		-217	·	Cha		Addition	
TITLE			☐ DELETE						i ide	L.J AGGIGGII	
NAME		•		6.2 NA							
STREET ADDRESS	;			6.3 ST	REET.	ADDRESS					

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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4/15/99

973-1900