

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90152 035 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000010482

1. Corporation Name
CYPRESS DEVELOPMENT CORPORATION

Principal Place of Business 136 CYPRESS COVE JUPITER FL 33458	Mailing Address 136 CYPRESS COVE JUPITER FL 33458
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/29/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0639341	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 11000 21 Prosperity Farms Rd. Suite, Apt. #, etc. 22 203 City & State 23 Palm Beach Gardens, FL Zip 24 33410 Country	2a. Mailing Address 11000 26 Prosperity Farms Rd. Suite, Apt. #, etc. 27 203 City & State 28 Palm Beach Gardens, FL Zip 29 33410 Country
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9. Name and Address of Current Registered Agent SNYDER, VALERIE B 136 CYPRESS COVE JUPITER FL 33458	10. Name and Address of New Registered Agent 81 Name VALERIE B. SNYDER 82 Street Address (P.O. Box Number is Not Acceptable) 11000 Prosperity Farms Rd., Ste. 203 83 84 City Palm Beach Gardens FL 85 Zip Code 33410
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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 607.0605, Florida Statutes.

SIGNATURE *Valerie B. Snyder* **President** DATE **4/27/99**
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, VALERIE B	1.2 NAME	
STREET ADDRESS	136 CYPRESS COVE	1.3 STREET ADDRESS	11000 Prosperity Farms Rd., Ste. 203
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, CRAIG F	2.2 NAME	
STREET ADDRESS	136 CYPRESS COVE	2.3 STREET ADDRESS	11000 Prosperity Farms Rd., Ste. 203
CITY-ST-ZIP	JUPITER FL 33458	2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARMEL, ANDREW M	3.2 NAME	
STREET ADDRESS	690 WAKE ROBIN LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Valerie B. Snyder* **4/27/99** **561-627-8774**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)