

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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000010843 (6)
 1. Corporation Name
CYPRESS WEB DESIGN, CORPORATION



Principal Place of Business 1172 BROWNELL ST CLEARWATER FL 34616	Mailing Address 1172 BROWNELL ST CLEARWATER FL 34616-5707
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3. Date incorporated or Qualified 01/31/1996	3a. Date of Last Report
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2. Principal Place of Business 21 2830 Trailwood Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 2830 Trailwood Drive Suite, Apt. #, etc.
22 City & State 23 Palm Harbor, Florida	27 City & State 28 Palm Harbor, Florida
24 Zip 34684	25 Country USA
29 Zip 34684	30 Country USA

4. FEI Number 59-3358746	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CIOCHINA, MICHAEL
 1172 BROWNELL ST
 CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name Nemo Ciocchina
82 Street Address (P.O. Box Number is Not Acceptable) 5132 LAKE VALENCIA BLVD. EAST
83
84 City Palm Harbor, FL
85 Zip Code 34684

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 *Nemo Ciocchina* DATE **4/16/97**
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	STANGE, STEPHEN M	
STREET ADDRESS	2830 TRAILWOOD DR	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input type="checkbox"/>
NAME	BOTTORF, STEWART F	
STREET ADDRESS	1830 DALE CIR N	
CITY-ST-ZIP	DUNEDIN FL 34688	
TITLE	D	<input type="checkbox"/>
NAME	CIOCHINA, MICHAEL E	
STREET ADDRESS	452 OLD EAST LAKE ROAD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
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 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.

SIGNATURE: *Michael E. Ciocchina* DATE **4/16/97** (813)934-3732

CR2E034 (9/96)