

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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2. Principal Place of Business 21 2830 Trailwood Dr. Suite, Apt. #, etc.		2a. Mailing Address 26 2830 Trailwood Drive Suite, Apt. #, etc.		3. Date incorporated or Qualified 01/31/1996	3a. Date of Last Report
22 City & State 23 Palm Harbor, Florida		27 City & State 28 Palm Harbor, Florida		4. FEI Number 59-3358746	Applied For Not Applicable
24 Zip 34684	25 Country USA	29 Zip 34684	30 Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 Ciocina
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 Ciocina* DATE 4/16/97

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	STANGE, STEPHEN M
STREET ADDRESS	2830 TRAILWOOD DR
CITY-ST-ZIP	PALM HARBOR FL 34684
TITLE	D <input type="checkbox"/> DELETE
NAME	BOTTORF, STEWART F
STREET ADDRESS	1830 DALE CIR N
CITY-ST-ZIP	DUNEDIN FL 34688
TITLE	D <input type="checkbox"/> DELETE
NAME	CIOCHINA, MICHAEL E
STREET ADDRESS	452 OLD EAST LAKE ROAD
CITY-ST-ZIP	TARPON SPRINGS FL 34689
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	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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. Ciocina* DATE 4/16/97 (813)934-3732

CR2E034 (9/96)