

**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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000010843 (6)**  
 1. Corporation Name  
**CYPRESS WEB DESIGN, CORPORATION**



Principal Place of Business <b>1172 BROWNELL ST                  CLEARWATER FL 34616</b>	Mailing Address <b>1172 BROWNELL ST                  CLEARWATER FL 34616-5707</b>
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3. Date incorporated or Qualified <b>01/31/1996</b>	3a. Date of Last Report
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2. Principal Place of Business <b>21 2830 Trailwood Dr.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 2830 Trailwood Drive</b> Suite, Apt. #, etc.
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4. FEI Number <b>59-3358746</b>	Applied For <input type="checkbox"/> Not Applicable
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22 City & State <b>23 Palm Harbor, Florida</b>	27 City & State <b>28 Palm Harbor, Florida</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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24 Zip <b>34684</b>	25 Country <b>USA</b>	29 Zip <b>34684</b>	30 Country <b>USA</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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9. Name and Address of Current Registered Agent

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**CIOCHINA, MICHAEL**  
**1172 BROWNELL ST**  
**CLEARWATER FL 34616**

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

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