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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000035299 (2)**

1. Corporation Name
CYPRESS TRUST COMPANY

Principal Place of Business	Mailing Address
125 WORTH AVENUE 212 PALM BEACH FL US	125 WORTH AVENUE 212 PALM BEACH FL US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22: SUITE 212
Suite, Apt. #, etc. — 27: SUITE 212

City & State — 23:
City & State — 28:

Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 65-0697774 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: VALDES-FAULI CORPORATE SERVICE, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 777 SOUTH FLAGLER DRIVE
83: SUITE 500 EAST
84 City: WEST PALM BEACH FL 85 Zip Code: 33401

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: Michael V. Valdes V.P. 5-13-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ARPS, PETER D		1.2 NAME		
STREET ADDRESS	222 176TH TERRACE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	REDINGTON SHORES FL 33708		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BREKUS, GORDON L		2.2 NAME		
STREET ADDRESS	120 DUNBAR ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		2.4 CITY-ST-ZIP		
TITLE	DCEO	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GREER, J. BRADFORD		3.2 NAME		
STREET ADDRESS	133 FORESTER COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KEMBLE, WILLIAM T JR		4.2 NAME		
STREET ADDRESS	206 CARIBBEAN ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PENDERGAST, GERARD J JR		5.2 NAME		
STREET ADDRESS	576 E RAMBLING DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33414		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D/Senior V.P.	☐ Change ☒ Addition
NAME			6.2 NAME	MICHAEL G. BLACKMON	
STREET ADDRESS			6.3 STREET ADDRESS	832 FOREST GLEN LANE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33414	

CR2E034 (10/97)

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.

SIGNATURE: [signature] 561-659-5900