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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000042082 (3)

SJH CYPRESS, INC.

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FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 21 WEST LAS OLAS BLVD 21 WEST LAS OLAS BLVD FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0673928 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. X Yes ☐ No 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HALMAS, STEVEN J 21 WEST LAS OLAS BLVD 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33301 83 City Zip Code 85 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 Signature, typed or priefed name of registered ayers and title if applicable (NOTE: Registered Agent signature required when reinstating) R2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSTD DELETE Change Addition TITLE HALMOS, STEVEN J NAME 1.2 NAME 21 WEST LAS OLAS BLVD STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 City-St-ZiP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME

6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby certify that the information emploid 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 country 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 forporation of the country or true to the country of the country

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3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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