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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000049344 (0)

CYPRESS CAPITAL, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 10 1998 8:00am Secretary of State



500 W. CYPRESS CREEK RD. SUITE 230 FT. LAUDERDALE FL 33309		500 W. CYPRESS CREEK RD. SUITE 230 FT. LAUDERDALE FL 33309		DO NOT WRITE IN THIS	SPACE	·	
					3. Date Incorporated or Qualified 06/10/1996		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 65-0678664	<del>  </del>	plied For t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required			
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country 25	Zip 29	Count	ry	8. This corporation owes or has paid the cu	irrent year Inta	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOSTON PORTFOLIO ADVISORS, INC.				1 Name			
500 W. CYPRESS CREEK RD. SUITE 230			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
	LAUDERDALE FL 33309		8	3			
			8	4 City	FL	<b>85</b> Zip (	Code
11. Pursuant t	to the provisions of Sections 607,0502	and 607.1508, Florida Statul Florida, Such change was	tes, the abo	ve-named cor by the corpora	rooration submits this statement for the nurrose i	of changing its	s registered 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)							
12.	OFFICERS AND DIRECTORS 13.			Oeur aithrainne inde	ulred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12
TITLE	D	DELETE	1.1 TITLI			Change	Addition
NAME	CALAHAN, SCOTT C		1.2 NAM	E			
STREET ADDRESS	500 W. CYPRESS CREEK RD.	1.0		ET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		1.4 CiTY				
TITLE	D	☐ DELFTE	2 1 TITL			Change	Addition
NAME	SIM, SUE E 500 W. CYPRESS CREEK RD.		2 2 NAM				
STREET ADDRESS	FT. LAUDERDALE FL 33309			ET ADDRESS			
CITY-ST-ZIP TITLE	D DOUDENDALE PL 33309			'-ST-ZIP		Change	Addition
NAME	OALAUAN AINDA D		3 1 TITLI 3 2 NAM			L onungo	
STREET ADDRESS	COO IN COURTER OPERA DE			ET ADORESS			
CITY-ST-ZIP	ET LAUDEDDALE EL 20200		1	-ST-ZIP			
TITLE			4.1 TITLI			Change	Addition .
NAME	BRISKIN, ALAN D	• •	4. 2 NAN	1E			
STREET ADDRESS	500 W. CYPRESS CREEK RD.		4.3 STRE	ET ADORESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	- December		- \$T-ZIP		[ ] AL	
TITLE		☐ DELETE	5.1 TITLI	1	·	Change	☐ Addition
NAME			5.2 NAM	1			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITLE	- ST- ZIP		Change	Addition
NAME		_ Ditter	6.2 NAM			onlings	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			

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 is 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:

4/4/18

954-938-3000