

04/30/1998 16:30 4078427398
FILE NOW: FILING FEE \$100.00

DAVID KUHAR

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Jun 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P9600005300 (0)

1. Corporation Name

CYPRESS TRACE AMCO, INC.



Principal Place of Business

Mailing Address

7010 CYPRESS TRACE

— SAME —

FT. MYERS, FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Overlaid

6-24-96

4. FEI Number

05-0674879

Application Fee
NOT APPLICABLE

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

1. Suite, Apt. #, etc.

2b. Suite, Apt. #, etc.

3. City & State

3a. City & State

4. Zip

5. Country

4a. Zip

5a. Country

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARRIS, R.S.

12659 NEW BRITANN ROAD

FT. MYERS, FL 33907

01. Name

02. Street Address (P.O. Box Number is Not Acceptable)

03.

04. City

FL

05. Zip Code

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 of person filing as registered agent and new agent

Signature of person filing as registered agent and new agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (12)

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (12)
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP
5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP	5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP
9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP	9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP
13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP	13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP
17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP	17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP
21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP
25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY-ST-ZIP	25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY-ST-ZIP
29. TITLE 30. NAME 31. STREET ADDRESS 32. CITY-ST-ZIP	29. TITLE 30. NAME 31. STREET ADDRESS 32. CITY-ST-ZIP
33. TITLE 34. NAME 35. STREET ADDRESS 36. CITY-ST-ZIP	33. TITLE 34. NAME 35. STREET ADDRESS 36. CITY-ST-ZIP
37. TITLE 38. NAME 39. STREET ADDRESS 40. CITY-ST-ZIP	37. TITLE 38. NAME 39. STREET ADDRESS 40. CITY-ST-ZIP
41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP	41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP
45. TITLE 46. NAME 47. STREET ADDRESS 48. CITY-ST-ZIP	45. TITLE 46. NAME 47. STREET ADDRESS 48. CITY-ST-ZIP
49. TITLE 50. NAME 51. STREET ADDRESS 52. CITY-ST-ZIP	49. TITLE 50. NAME 51. STREET ADDRESS 52. CITY-ST-ZIP
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69. TITLE 70. NAME 71. STREET ADDRESS 72. CITY-ST-ZIP	69. TITLE 70. NAME 71. STREET ADDRESS 72. CITY-ST-ZIP
73. TITLE 74. NAME 75. STREET ADDRESS 76. CITY-ST-ZIP	73. TITLE 74. NAME 75. STREET ADDRESS 76. CITY-ST-ZIP
77. TITLE 78. NAME 79. STREET ADDRESS 80. CITY-ST-ZIP	77. TITLE 78. NAME 79. STREET ADDRESS 80. CITY-ST-ZIP
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89. TITLE 90. NAME 91. STREET ADDRESS 92. CITY-ST-ZIP	89. TITLE 90. NAME 91. STREET ADDRESS 92. CITY-ST-ZIP
93. TITLE 94. NAME 95. STREET ADDRESS 96. CITY-ST-ZIP	93. TITLE 94. NAME 95. STREET ADDRESS 96. CITY-ST-ZIP
97. TITLE 98. NAME 99. STREET ADDRESS 100. CITY-ST-ZIP	97. TITLE 98. NAME 99. STREET ADDRESS 100. CITY-ST-ZIP

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91. TITLE 92. NAME 93. STREET ADDRESS 94. CITY-ST-ZIP
95. TITLE 96. NAME 97. STREET ADDRESS 98. CITY-ST-ZIP
99. TITLE 100. NAME 101. STREET ADDRESS 102. CITY-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)(b), 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. If 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 if my name appears in
Block 12 or Block 13 (if changed, or on an attachment with an address).

SIGNATURE:

Joseph M. Messineo

5/26/98

941

433-2039

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE 0424340

YK
6/4