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PROFIT CORPORATION ANNUAL REPORT

1997

CUY-51-20

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Apr 24 1997 8:00am

Secretary of State

DOCUMENT :	# F	960	000	693	2 5	(4)

CYPRESS FRAMING COMPANY, INC.

Mailing Address Principal Place of Business 9923 JANETTE LANE 9923 JANETTE LANE CLERMONT FL 34711-7845 **CLERMONT FL 34711-7818** 3. Date Incorporated or Qualified 3a. Date of Last Report 08/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-339 et 75 Not Applicable 21 26 Suite, Apt. #, etc. Suite Apt # etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Country Zip Zio 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PFEIFFER, THOMAS W 9923 JANETTE LANE Street Address (P.O. Box Number is Not Acceptable) **CLERMONT FL 34711-7819** 83 84 City 85 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 60 SIGNATURE Signature typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. OFFICERS AND DIRECTORS 13. 1/11/ President DELETE 1.1 TITLE Change Addition | Thomas W. Herffer NAME 12 NAME 99123 Janette Lanc STREET ADDRESS 1.3 STREET ADDRESS lermont, F1-34711 1.4 CITY-ST-ZIP C:TY - ST - ZIP Addition DELETE Change vice Phisitent TITLE 2.1 TITLE Any Pfeiffer gals Janetle Lane 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS CITY ST-7IP 2. 4 CiTY - ST - ZiP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CHY-ST-7P 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 7/11/ NAME 4.2 NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CiTY-ST-ZIP CITY - ST - ZIF DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition T(7 · F 6 1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. If 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

Block 13 if changed, or on an attachment will