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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000072009 (9)

CYPRESSWOOD INVESTMENTS INCORPORATED

Principal Place of Business

FILED May 08 1998 8:00am Secretary of State



NICEVILLE FL	DHN SIMS PARKWAY #333 32578	1114 EAST JOHN SIMS PARKWAY #333 NICEVILLE FL 32578					
					DO NOT WRITE IN THE	S SPACE	
					3. Date Incorporated or Qualified 08/29/1996		
2. Principal Place of Business 2a. Mailing Address 21 4504 HIGHMAY 20 FAST 26 4506 HIGHMA			WAY 20	GAST	4. FEI Number 59-3402285		plied For Applicable
Suite, Apt.	#, etc. TF ZS 0	Suite, Apt. #, etc. 27 Sviif 250		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	te City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 h	
Zip 257	78 Country	29 32578	Counti	SA	This corporation owes or has paid the or Personal Property Tax due June 30.		ingible No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registere	d Agent	
ALFORD, STEPHEN M				81 Name			
1114 EAST JOHN SIMS PARKWAY #333 NICEVILLE FL 32578			8:	Street Add	dress (P.O. Box Number is Not Acceptable)		
			8:	3			
			84	4 City	F	85 Zip C	ode
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	tutes, the above	ve-named cor	rogration submits this slatement for the purpose	of changing its	registered
office or re agent. I ar	egistered agent, or both, in the State m familia with, end-accept the obline	of Florida. Such change wa ations of, Section 607.0505,	s authorized b Florida Statute	by the corpora as.	ation's board of directors. I hereby accept the ap	opointment as r	egistered
SIGNATURE	Signatur typed or printed name of registered age	mces. De	MT		u red when reinstating) DATE	25-58	
12.			13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS	IN 12
TITLE			1.1 TITLE			Change	☐ Addition
NAME	ALFORD, STEPHEN M						
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	NICEVILLE FL 32578			ST-ZIP			1 1 1 1 1 1 1 1 1
TITLE	DELETE		2.1 TITLE	İ		☐ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE	DELETE		2. 4 CITY 3.1 TITLE	- ST - ZIP		Change	Addition
NAME	C' DECEIE					change	L.J AQQRION
STREET ADDRESS			3.2 NAME	T ADDRESS			
CITY-ST-ZIP	The state of the s		3.4. CITY	i			1
TITLE	DELETE		4.1 TITLE	31-211		Change	Addition
NAME			4. 2 NAM	.			
STREET ADDRESS				T ADDRESS			\
CITY-ST-ZIP			4.4 CITY-	ſ			
TITLE	DELETE		51 TITLE			Change	Addition
NAME			5.2 NAME				1
STREET ADDRESS			5.3 STREE	T ADDRESS			ì
City-St-ZiP			5.4 CITY	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	1 ADDRESS			
CITY-ST-ZIP			6.4 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)(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 a state principle of the corporation of the