## 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 # P96000083414 (8)

CYPRESS HUT, INC.

**FILED** Apr 08 1998 8:00am Secretary of State

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					!	)	
Principal Place of Business Mailing Address							
306 SE MONTEREY RD 306 SE MONTEREY RD STUART FL 34994 STUART FL 34994							
Olomin IE o					DO NOT WRITE IN THIS S	PACE	
					3. Date Incorporated or Qualified 10/07/1996		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0706062	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional	
22		27	27		5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the curr		
24	26	29	30		Total and topolity to the control of	Yes No	
<del></del>	g, Name and Address of Ci	urrent Registered Agent		-1 -1	10. Name and Address of New Registered A	gent	
	WARDS, CHESTER J		6	1 Name			
	SE MONTEREY RD		8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
STU	UART FL 34994		8:	3			
			8	4 City		85 Zip Code	
					<u>FL</u>		
11. Pursuant to office or re agent. Lat	to the provisions of Sections 607 egistered agent, or both, in the t m familiar with, and accopt the c	7.0502 and 607.1508, Florida Statu State of Florida. Such change was obligations of, Section 607.0505, Fl	tes, the abo authorized l lorida Statut	ve-named cor by the corpora es.	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint	changing its registered pintment as registered	
SIGNATURE							
	Signature, typed or printed name of register	red agent and title if applicable (NO) S AND DIRECTORS	IE Registered A	gent signature requ	ulred when reinstatin(j) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
12.	PST	DELETE	1.1 TITLE	<del></del>		Change Addition	
NAME	EDWARDS, CHESTER J		1,2 NAM				
STREET ADDRESS	306 SE MONTEREY RD			ET ADDRESS			
CITY-SI-ZIP	STUART FL 34994		1.4 CITY				
TITLE	V	DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME	AYERS, JOYCE	_	2.2 NAM	1		-	
STREET ADDRESS	P O BOX 2182 N/A		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	JENSENBEACH FL 34958	8		-ST-ZIP			
TITLE	·	DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME			3.2 NAM	E			
STREET ADDRESS			3.3 STRE	ET ADORESS		ļ	
CITY-ST-ZIP			3.4. DITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME			4. 2 NAM	ŧE			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		DELETE	5.1 TITLE	:		☐ Change ☐ Addition	
NAME			5.2 NAM	ε			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP				-\$T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STRE	ET ADDRESS			
	1			AA			

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 an attachment with an address

SIGNATURE: