

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

FILED

Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000087575 (2)**

1. Corporation Name
CYPRESS ELECTRIC, INC.

Principal Place of Business 441 SOUTH ELM ROAD LAKELAND FL 33801	Mailing Address 441 SOUTH ELM ROAD LAKELAND FL 33801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3235 STORY LANE Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 25 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/22/1996	
22 City & State Groveland FL		27 City & State Mascotte FL		4. FEI Number 59-3426693 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
23 Zip 34736		28 Zip 34753		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country USA		29 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent WILLIAMS, KAREN 441 SOUTH ELM ROAD LAKELAND FL 33801		10. Name and Address of New Registered Agent 81 Name Stacy Rogers 82 Street Address (P.O. Box Number is Not Acceptable) 3235 Story Lane 83 84 City Groveland FL 85 Zip Code 34736	
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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 Stacy Rogers - Stacy Rogers SIT DATE 3/20/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILLIAMS, KAREN		1.2 NAME Rogers, Stacy	
STREET ADDRESS 441 SOUTH ELM ROAD		1.3 STREET ADDRESS 3235 Story Lane	
CITY-ST-ZIP LAKELAND FL 33801		1.4 CITY-ST-ZIP Groveland FL 34736	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET 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 an attachment with an address.

SIGNATURE:

Stacy Rogers

Stacy Rogers SIT

3-2098

352 429 5237

CR2EC34 (10/97)