## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED **PROFIT** FLORIDA DEMAS MENT OF STATE Jun 09 1998 8:00am CORPORATION Sandry S. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000010358 (4) CYPRESS LANE COMMUNICATIONS, INC. <u> ANT TRAIT TATUS ARISE BASIS BASIS ANTIC PRIN</u> Mailing Address Principal Place of Business 8370 STATE ROAD 84 8370 STATE ROAD B4 FT. LAUDERDALE FL 33324 FT. LAUDEROALE FL 33324 DO NOT WRITE IN THIS SPACE Mary Williams 3. Date incorporated or Qualified 02/03/1997 FEI Number 65-07 29133 2. Principal Place of Business Mailing Address Applied Fo 26 Not Applica Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additions 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Zip , Country Ζp (a) This corporation owes or has paid the current year intangible 25 30 Personal Property Tax due June 30. Yes ☐ No 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name DEAN, RICHARD 8370 STATE ROAD 84 62 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33324 83 84 City 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 register 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 fam with body the corporation of the corporation SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 COT COMPANY 8370 S12 84 Signature, typed or printed name of regir or 1 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE TITLE DEAN, RICHARD 12 NAME NAME **8370 STATE ROAD 84** STREET ADDRESS 1.3 STREET ADDRESS aud. FL 3332 FT. LAUDERDALE FL 33324 1.4 CUTY+ST-ZIP CITY-ST-ZP DELETE 2.1 TITLE ☐ Change ☐ Add TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZP DELETE ☐ Add Change TiTLE 3.1 TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY: \$1-7IP CITY-ST-ZIP DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY - ST - ZIP SITY-ST-ZIP \* r c DELETE 5.1 TOTALE Change Add 5.2 NAME 114 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 6.1 TITLE TITLE 800002556518 62 NAME NAME -06/11/38--01046--007 \*\*\*150.00 **6.3 STREET ADDRESS**

SIGNATURE:

with an address.

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 informat 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 officer or director of the corporation or the retrustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in

64 CITY-ST-ZIP

STREET ADDRESS

Block 12 or Block 13 if chann

CITY-ST-ZIP