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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P97000010358

STREET ADDRESS

CITY-ST-ZIP

CYPRESS LANE COMMUNICATIONS, INC.

	,								
Principal Place of Business		Mailing Address			1 100 1100 110 1011 1011 1011 10 00 111	<b>u</b> biii uuii balo)			
8370 STATE ROAD 84		B370 STATE ROAD 84			1				
FT. LAUDERDALE FL 33324		FT. LAUDERDALE FL 33324			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualife			•	
					02/03/1997				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	.1.0	App	olied For	
21		26			65-0729133		Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	1	
22		27	• · · · · ·		Contracto of Blatto Books		Fee Red	<u> </u>	
City & State		City & State			6. Election Campaign Financine	<sup>3</sup> □	\$5.00		
23		28	<u> </u>		Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip	Coun	ıry	This corporation owes the cu     Personal Property Tax.	irrent year in		□No	
24	9. Name and Address of Current	<del></del>	10		10. Name and Address of New	Registered			
	9. Name and Address of Current	Kogisteleu Agent		1 Name	To the second se			·	
DEA	n, richard		ļ	2 2	(D.O. Day March 1: Not Assess	-table)			
	STATE ROAD 84		ľ	32 Street Ad	dress (P.O. Box Number is Not Accep	otable)			
FT. L	Lauderdale fl 33324			33				<del></del>	
				NAL Oits			85 Zip C	ode .	
				34 City		FL	<b>-</b>   `		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	r Fiorida. Such change was aut	norizea	ov trie corpora	rporation submits this statement for the tion's board of directors. I hereby acc	ept the appo	f changing its intment as reg	registered jistered	
agent. Ta		07/0 07/ 4000007/ 007/000007							
SIGNATURE					ired when reinstating)	DATE			
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R			ired when reinstating)  ADDITIONS/CHANGES TO C		ND DIRECTO	RS IN 12	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered A	gent signature requ			ND DIRECTO	RS IN 12	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	legistered A	gent signature requ					
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	13. 1.1 TITL	gent signature requ					
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND P REMY, CAL	and title if applicable. (NOTE: FD) DIRECTORS	13. 1.1 TITU 1.2 NAM 1.3 STR	gent signature requires			☐ Change	Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P REMY, CAL 8370 STATE ROAD 84	and title if applicable. (NOTE: F	13. 1.1 TITL 1.2 NAM	gent signature requires					
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6.3 STREET ADDRESS

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 ghapted, or on an attachment with an address, with all other like empowered. 954-472-9994

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90029 002 \*\*\*150.00