

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 # P97000055769 (8)

1. Corporation Name

CYPRESS VILLAS, INC.

Principal Place of Business

Mailing Address

445 SW 2ND ST.
POMPANO BEACH FL 33060

445 SW 2ND ST.
POMPANO BEACH FL 33060

2. Principal Place of Business

21 1295 S.E. 5th Ave.

Suite, Apt. #, etc.

2a. Mailing Address

26 1295 S.E. 5th Ave.

Suite, Apt. #, etc.

22

City & State

23 Pompano Beach, FL

Zip

Country

24 33060

25

28 Pompano Beach, FL

Zip

Country

29 33060

30

g. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	□ DELETE	11.1 NAME	□ Change <input checked="" type="checkbox"/> Addition
NAME		12.1 NAME	
STREET ADDRESS		13.1 STREET ADDRESS	
CITY-ST-ZIP		14.1 CITY-ST-ZIP	
TITLE	□ DELETE	2.1.1 NAME	□ Change <input checked="" type="checkbox"/> Addition
NAME		2.2.1 NAME	
STREET ADDRESS		2.3.1 STREET ADDRESS	
CITY-ST-ZIP		2.4.1 CITY-ST-ZIP	
TITLE	□ DELETE	3.1.1 NAME	□ Change <input type="checkbox"/> Addition
NAME		3.2.1 NAME	
STREET ADDRESS		3.3.1 STREET ADDRESS	
CITY-ST-ZIP		3.4.1 CITY-ST-ZIP	
TITLE	□ DELETE	4.1.1 NAME	□ Change <input type="checkbox"/> Addition
NAME		4.2.1 NAME	
STREET ADDRESS		4.3.1 STREET ADDRESS	
CITY-ST-ZIP		4.4.1 CITY-ST-ZIP	
TITLE	□ DELETE	5.1.1 NAME	□ Change <input type="checkbox"/> Addition
NAME		5.2.1 NAME	
STREET ADDRESS		5.3.1 STREET ADDRESS	
CITY-ST-ZIP		5.4.1 CITY-ST-ZIP	
TITLE	□ DELETE	6.1.1 NAME	□ Change <input type="checkbox"/> Addition
NAME		6.2.1 NAME	
STREET ADDRESS		6.3.1 STREET ADDRESS	
CITY-ST-ZIP		6.4.1 CITY-ST-ZIP	
		900002409739	□ Change <input type="checkbox"/> Addition
		-01/23/98--01005--021	
		***150.00	

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

Ellsworth Austin 1/12/98 (85) 702 6221

FILED
Jan 22 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1997

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

CR2E034 (10/97)