

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90131 016 ***150.00

DOCUMENT # P97000063678

1. Corporation Name

CYPRESS GREEN PLACE, INC.



Principal Place of Business

**9440 PHILIPS HIGHWAY #6
JACKSONVILLE FL 32256**

Mailing Address

**9440 PHILIPS HIGHWAY #6
JACKSONVILLE FL 32256**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1997

4. FEI Number

59-3465573

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 9141 Cypress Green Drive

2a. Mailing Address

26 9141 Cypress Green Drive

Suite, Apt. #, etc.

22 Ste 3

Suite, Apt. #, etc.

27 Ste 3

City & State

23

City & State

28

Zip

24 **25** Country

Zip

29 **30** Country

9. Name and Address of Current Registered Agent

**MITTAL, RADHE S
9440 PHILIPS HIGHWAY #6
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81 Name

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

9141 Cypress Green Drive, Ste 3

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

TITLE **D** ☐ DELETE

NAME **MITTAL, RADHE S**
STREET ADDRESS **9440 PHILIPS HIGHWAY #6**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **D** ☐ DELETE

NAME **KAHN, KHALIL A**
STREET ADDRESS **9440 PHILIPS HIGHWAY #6**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **D** ☐ DELETE

NAME **CLARK, STEVEN A DR**
STREET ADDRESS **8354 BAYMEADOWS ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **D** ☐ DELETE

NAME **VIJAPURA, AMIT DR**
STREET ADDRESS **9220 CYPRESS GREEN DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **D** ☐ DELETE

NAME **SENAPPE, STEPHEN**
STREET ADDRESS **9116 CYPRESS GREEN DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **9141 Cypress Green Drive, Ste 3**
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **9141 Cypress Green Drive, Ste 3**
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **9141 Cypress Green Drive, Ste 4**
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **9141 Cypress Green Drive, Ste 1**
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS **9141 Cypress Green Drive, Ste 2**
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)