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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE NAME



LLORIDA DEPARTMENT OF STATE

FILED

May 15 1998 8:00am

Secretary of State

Change / Addition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000066506 (1)

STANFORD CYPRESS G.P., INC.

| Principal Place of Business Mailing Address | | | | f illenister tim taut tanti ditti | Daile agint 42169 \$116 \$160 5101 62112 \$111 1521 | | | | | | | |
|--|---|-------------------------------|--|--|--|--|--|--|--|--------|-----------|------------------|
| 1085 WEST MORSE BLVD. WINTER PARK FL 32789 1085 WEST MORSE BLVD. WINTER PARK FL 32789 | | | | | | | | | | | | |
| | | | L 32769 | DO NOT WRITE IN THIS SPACE | | | | | | | | |
| | | | | 3. Date Incorporated or Qu | | | | | | | | |
| | | | | 07/31/1997 | | | | | | | | |
| 2. Principal P | lace of Business | 2a. Mailing Addr | 9SS | 4. FEI Number | Applied For | | | | | | | |
| <u>=</u> | | 26 | | 59-347 | Not Applicable | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, | elc. | | \$8.75 Additional | | | | | | | |
| 2 | | 27 | | 5. Certificate of Status Desi | red Fee Required | | | | | | | |
| City & State | 9 | City & State | | 6. Election Campaign Finar | noing \$5,00 May Be | | | | | | | |
| 3 | | 28 | | Trust Fund Contribution | Added to Fees | | | | | | | |
| Zip | Country | Zψ | Country | 8. This corporation owes or | has paid the current year Intangible | | | | | | | |
| 4 | 25 | 29 | 30 | Personal Property Tax de | ue June 30. 🗹 Yes 🔲 No | | | | | | | |
| | 9. Name and Address of Curre | nt Registered Agent | | 10, Name and Address of I | New Registered Agent | | | | | | | |
| AR | TIN, KENNETH R | | 81 Na | mg to a sill the | | | | | | | | |
| 215 NORTH EOLA DR. ORLANDO FL 32801 | | | | 82 Street Address (P.O. Box Number is Na/Acceptable) | | | | | | | | |
| | | | | | | | | | | 24 | D + 1 | 1-1 7 6 1 |
| | | | | | | | | | | 84 Cit | Pala Kand | FL S Z P C P P |
| 11. Pursuant | to the provisions of Sections 607.050 | 02 and 607,1508, Florid | a Statutes, the above-nar | ned corporation submits this statement t | or the purpose of changing its registered | | | | | | | |
| office or r | egistered agent, or both, in the State | of Florida, Such chan | o was authorized by the | corporation's board of directors. I hereb | or the purpose of changing its registered y accept the appointment as registered | | | | | | | |
| | nt taltillat with, and accept the dolly | 18 01, 30011011107. | 0000, Florida Statutes. | | 4-8-73 | | | | | | | |
| SIGNATURE | Signature, typics or jointed aprior of registers diag | init and title if supply this | (NOTE Flegistered Agent sign | ature required when reinstating) | #-8-78 DATE | | | | | | | |
| 12. | OFFICERS AN | | 13. | DP | Change _Addition | | | | | | | |
| TITLE | D | | LETE 1.1 THLE | A. David Kosoy | | | | | | | | |
| NAME | MILDNER, RICHARD | | 1.2 NAME | 209 Phipps Plaza | | | | | | | | |
| STREET ADDRESS | 1065 WEST MORSE BLVD. | | 1.3 STREET ADOR | Palm Beach, Florida | 22480 | | | | | | | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | | 1.4 CITY-ST-ZIP | Paim Beach, Florida. | Change Addition | | | | | | | |
| TITLE | D | ☐ DE | | DV v Cvillan | T. Cuttinge | | | | | | | |
| NAME | CORKERY, THOMAS | | 2.2 NAME | Duane J. Stiller | | | | | | | | |
| STREET ADDRESS | 1065 WEST MORSE BLVD. | | 23 STREET ADDR | 209 Phipps Plaza | 2.400 | | | | | | | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | | 2 4 CITY-ST-ZIP | Palm Beach, Florida 3 | 3480 | | | | | | | |
| TITLE | n | ☐ DE | | DVS | Change Addition | | | | | | | |
| NAME | ECKBERT, JOHN | | 3.2 NAME | Denis Beaulieu | | | | | | | | |
| | 1065 WEST MORSE BLVD. | | 3.3 STREET ADDR | ss 209 Phipps Plaza | | | | | | | | |
| STREET ADDRESS | WINTER PARK FL 32789 | | | Dolm Deach Floride 3 | 3480 | | | | | | | |
| CITY-ST-ZIP | MINIEU LWW LT 25108 | DE | 3.4. CITY - ST - ZIP LETE 4.1 TITLE | DV | Change Addition | | | | | | | |
| TITLE | | ال ال | 4.1 IIIIE 4.2 NAME | Richard Jerman | and some all an extension and an extensi | | | | | | | |
| NAME | | | | | | | | | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDR | Palm Beach, Florida 33 | 400 | | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | – ⊪raim Beach, riorida 334 | 40U | | | | | | | |

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 trusted 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 attractiment with an address.

5.3 STREET ADDRESS

54 CITY-ST-ZIP

Geri Marchessault

Palm Beach, Florida

209 Phipps Plaza

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE