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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000098994 (1)

CYPRESS MOTORS, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2148 CAPPS ROAD 2148 CAPPS ROAD LAKE WALES FL 33853 LAKE WALES FL 33853 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/20/1997</u> 2a. Mailing Address 2. Principal Place of Business Applied For 6800 CYPRESS GARDENS BUND 28 6800 CYPRESS GARDENS BUND 59-3479258 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional M 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 8. Election Campaign Financing Winter Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible POEK Personal Property Tax due June 30. Yes □ No g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HIGGINS, GARY D 2148 CAPPS ROAD 82 Street Address (P.O. Box Number is Not Acceptable) LAKE WALES FL 33853 83 84 City 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) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME HIGGINS, GARY D 1.2 NAME STREET ADDRESS 2148 CAPPS ROAD 1.3 STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 33853 1.4 CITY - ST - ZIP DELETE Addition 2.1 TITLE TITLE 2.2 NAME ROSE, JAMES M NAME 510 ORANGE BLOSSOM DR. 2.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33880 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETÉ Change Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME **63 STREET ADDRESS** STREET ADDRESS 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 roceiver or fursive 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:

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4-30-98 941-324-4707