

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  
Jun 29, 1999 8:00 am  
Secretary of State

06-29-1999 90008 027 \*\*\*550.00

DOCUMENT # P98000018456

1. Corporation Name

CYPRESS CAPITAL PARTNERS INC.



Principal Place of Business

800 LAUREL OAK DR., STE. 200  
NAPLES FL 34108

Mailing Address

800 LAUREL OAK DR., STE. 200  
NAPLES FL 34108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1998

4. FEI Number

65-0814315

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 2395 MONT CLAIRE DRIVE

Suite, Apt. #, etc.

22 # 202

City & State

23 NAPLES, FL

Zip

24 34109 25 Collier

2a. Mailing Address

26 2395 MONT CLAIRE DRIVE

Suite, Apt. #, etc.

27 # 202

City & State

28 NAPLES, FL

Zip

29 34109 30 Collier

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.  
4521 PGA BOULEVARD #211  
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

EDWIN P. MCLAURY

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

2395 MONT CLAIRE DR. # 202

83

84 City

NAPLES

FL

85 Zip Code

34109

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

EDWIN P. MCLAURY

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

(NOTE: Registered Agent signature required when reinstating)

6/21/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME MCLAURY, EDWIN P  
STREET ADDRESS 800 LAUREL OAK DR., STE. 200  
CITY-ST-ZIP NAPLES FL 34108

TITLE D ☒ DELETE

NAME NORRIS, NORMAN L  
STREET ADDRESS 800 LAUREL OAK DR., STE. 200  
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME MCLAURY, EDWIN P.  
1.3 STREET ADDRESS 2395 MONT CLAIRE DR.,  
1.4 CITY-ST-ZIP NAPLES, FL 34109

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME NORRIS, NORMAN L  
2.3 STREET ADDRESS 2395 MONT CLAIRE DR., # 202  
2.4 CITY-ST-ZIP NAPLES, FL 34109

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
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:

EDWIN P. MCLAURY 6/21/99 (941) 546-2323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

0457940