

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90116 027 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000025444

1. Corporation Name

2900 CYPRESS CORNERS, INC.

Principal Place of Business

**150 SE 2ND AVE., SUITE 300
MIAMI FL 33131**

Mailing Address

**150 SE 2ND AVE., SUITE 300
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1998

4. PEI Number

62-0832358

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
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**BAKER, RONALD G
4675 PONCE DE LEON BLVD., SUITE 301
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
D
NAME **COX, DAVID F JR.**
STREET ADDRESS **5900 RIVIERA DR.**
CITY-ST-ZIP **CORAL GABLES FL 33146**
TITLE ☐ DELETE
D
NAME **WINTON, JOHNNY L**
STREET ADDRESS **150 SE 2ND AVE., SUITE 300**
CITY-ST-ZIP **MIAMI FL 33131**
TITLE ☐ DELETE
D
NAME **SCHRAGE, JOSEPH B**
STREET ADDRESS **4901 NW 17TH WAY**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99**305-373-2161**

CR2E034 (1/198)