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Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # P98000074470

1. Corporation Name
CYPRESS GREENS INVESTORS, INC.

Principal Place of Business
2637 MCCORMICK DR., SUITE B
CLEARWATER FL 34619-1041

Mailing Address
2637 MCCORMICK DR., SUITE B
CLEARWATER FL 34619-1041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2 Pond's Edge Drive Suite, Apt. #, etc. 22 City & State 23 Chadds Ford, PA Zip 24 19317 Country 25 USA		2a. Mailing Address 26 P.O. Box 999 Suite, Apt. #, etc. 27 City & State 28 Chadds Ford, PA Zip 29 19317 Country 30 USA		3. Date Incorporated or Qualified 08/24/1998	
		4. FEI Number 59-3534829		Applied For Not Applicable	
		5. Certificate of Status Desired X		\$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	

9. Name and Address of Current Registered Agent HARDY, BARBARA C 201 N. FRANKLIN ST., SUITE 2100 TAMPA FL 33602		10. Name and Address of New Registered Agent 81 Name Joseph W. Gaynor, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 2637 McCormick Drive 83 Suite B 84 City Clearwater FL 85 Zip Code 33759	
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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] President DATE: 4/20/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/T/D
NAME	GAYNOR, JOSEPH W	1.2 NAME	Joseph W. Gaynor
STREET ADDRESS	2637 MCCORMICK DR., SUITE B	1.3 STREET ADDRESS	2637 McCormick Dr., Ste B
CITY-ST-ZIP	CLEARWATER FL 34619-1041	1.4 CITY-ST-ZIP	Clearwater, FL 33759
TITLE	D	2.1 TITLE	D
NAME	SCHEWE, SCOTT	2.2 NAME	Scott Schewe
STREET ADDRESS	2637 MCCORMICK DR., SUITE B	2.3 STREET ADDRESS	3340 Peachtree Road, NE
CITY-ST-ZIP	CLEARWATER FL 34619-1041	2.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE	D	3.1 TITLE	V/D
NAME	GIOVINCO, PHILLIP C	3.2 NAME	Phillip C. Giovinco
STREET ADDRESS	2637 MCCORMICK DR., SUITE B	3.3 STREET ADDRESS	2 Pond's Edge Drive
CITY-ST-ZIP	CLEARWATER FL 34619-1041	3.4 CITY-ST-ZIP	Chadds Ford, PA 19317
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 a 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, upon an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip C. Giovinco APR 15 1999 (610) 388-9600

Date

Daytime Phone #

CR2E034 (1/1/98)

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