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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000083957 1. Corporation Name

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

03-22-1999 90106 038 ***150.00

CYPRES	S ISLES, INC.								
Principal Place	e of Business	Ma	iling Address				- 0 10051005 118 1018; 1811; 0011; 8811; 0011; 8811; 0011;		finit i nd i i nd i
134 KINGS POND AVENUE 134 KINGS POND AVENUE									
WINTER HAVEN FL 33880 WINTER HAVEN FL 33880							DO NOT WRITE IN THIS	SPACE .	
							3. Date Incorporated or Qualifed	OI AOL	
							09/29/1998		
2 Principal D	lace of Business	Ža.	Mailing Address	_			4. FEI Number	Apr	olied For
	ISCO OF BUSINESS	26	Maning Fladicisc				59-3536885		Applicable
Suite; Apt.	#. etc.	20	Suite, Apt. #, etc.	_				\$8.75 A	dditional
22		27					5. Certifcate of Status Desired	Fee Re	quired
City & State	9 ,		City & State				6. Election Campaign Financing	\$5.00	
23		28					Trust Fund Contribution	Added to	Fees
Zip	Country		Zip	Con	intry		8. This corporation owes the current year Int		
24	25	29		30	T		Personal Property Tax.		□No.
	9. Name and Address of Co	urrent Regist	ered Agent		81	Name	10. Name and Address of New Registered	Agent	
i FW	IS, GAYLE S								
	KINGS POND AVENUE				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	TER HAVEN FL 33880			ı	83				
		•							
					84	City	FL	85 Zip C	ode
office or re	to the provisions of Sections 607 egistered agent, or both, in the 5 m familiar with, and accept the o	state of Hiorid	a. Such change was a	aumonzec	י עט ג	the comporation	ration submits this statement for the purpose of i's board of directors. I hereby accept the appoi	changing its ntment as rec	registered pistered
SIGNATURE	Signature, typed or printed name of registers	ed agent and title i	f applicable. (NOT)	E: Registered	Agen	nt signature required	when reinstating) DATE		}
12.		S AND DIRE	_	13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D		☐ DELETE	1.1 TI	π£			Change	☐ Addition
NAME	LEWIS, GAYLE S			12 N	AME				
STREET ADDRESS	134 KINGS POND AVENUI			1.4.14					1
CITY-ST-ZIP	VANIATED MAYEN EL 22000	E			TREET	ADDRESS			
TITLE	WINTER HAVEN FL 33880			1.3 ST 1.4 CF	ΠY-\$1			Change	Addition
	WINTER MAVEN FL 33000		☐ DELETE	1.3 ST 1.4 CF 2.1 TF	TY-ST		·	☐ Change	Addition
NAME	WINTER HAVEN FL 33000		☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA	ITY-ST TLE AME	T-ZIP		☐ Change	Addition
NAME STREET ADDRESS			☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 N/ 2.3 ST	TY-ST TLE AME TREET	T-ZIP T ADDRESS	· ·	☐ Change	Addition
STREET ADORESS	WINTER HAVEN FL 33000		المعدد والمعديد يديدع	1.3 ST 1.4 Cr 2.1 Tr 2.2 N/ 2.3 ST 2.4 C	TY-ST TLE AME TREET	T-ZIP			
STREET ADDRESS CITY-ST-ZIP ~			☐ DELETE	1.3 ST 1.4 CT 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT	TY-ST TLE AME TREET CITY-S TLE	T-ZIP T ADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			المعدد والمعديد يديدع	1.3 ST 1.4 CF 2.1 TF 2.2 N/ 2.3 ST 	TY-ST TLE AME TREET CITY-S TLE AME	T-ZIP FADDRESS ST-ZIP: + -			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			المعدد والمعديد يديدع	1.3 ST 1.4 CF 2.1 TF 2.2 N/ 2.3 ST 2.4 C 3.1 TF 3.2 N/ 3.3 ST	TY-ST TLE AME TREET CITY-S' TLE AME	T-ZIP TADDRESS ST-ZIP:			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			المعدد والمعديد يديدع	1.3 ST 1.4 CF 2.1 TF 2.2 N/ 2.3 ST 2.4 C 3.1 TF 3.2 N/ 3.3 ST	TLE AME TREET STY-S TLE AME TREET	T-ZIP TADDRESS ST-ZIP:			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE] DELETE	1.3 ST 1.4 Cr 2.1 Tr 2.2 N/ 2.3 ST 2.4 C 3.1 Tr 3.2 N/ 3.3 ST 3.4 C	TIY-ST TLE AME TREET STLE AME TREET STY-S	T-ZIP TADDRESS ST-ZIP:		∵ Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	*** = . · · · · · · · · · · · · · · · · · ·] DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 N/V 2.3 ST 2.4 C 3.1 TF 3.2 N/V 3.3 ST 3.4 C 4.1 TF 4.2 N 4.3 ST	TTY-ST TLE AME TREET TTLE AME TTREET TREET TTLE	T ADDRESS ST ZIP	- 1 · · · · · · · · · · · · · · · · · ·	∵ Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	**************************************		☐ DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4 C 4.1 TI 4.2 N/ 4.3 ST 4.4 CI 5.1 TI 5.2 N/	ITY-ST TLE AME TREET TITY-S TLE AME TREET TITY-S TILE TREET TITY-S TILE AME TREET TITY-SITLE	T ADDRESS ST ZIP		☐ Change	Addition
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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 attact treent with an address, with all other like empowered.

SIGNATURE: