

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90022 014 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
--	---	---

**DOCUMENT # S19434**

1. Corporation Name

CYPRESS PARTNERS, INC.

Principal Place of Business

3501 CORPORATE PARKWAY  
 PALM CITY FL 34990  
 US

Mailing Address

3501 CORPORATE PARKWAY  
 PALM CITY FL 34990  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1990

4. FEI Number

65-0241058

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.

City &amp; State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City &amp; State

28

Zip

Country

9. Name and Address of Current Registered Agent

DESANTIS, COOK, FERRARO & MCCARTHY  
 2081 SE OCEAN BLVD  
 SUITE 300  
 STUART FL 34996

10. Name and Address of New Registered Agent

81 Name **FREDERICK MESARD**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**11 OAK HILL WAY**  
 83  
 84 City **STUART** FL 85 Zip Code **34996**

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, 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

*FREDERICK C. MESARD*  
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
 NAME PS  
 STREET ADDRESS MESARD, FREDERICK, C  
 CITY-ST-ZIP 11 OAK HILL WAY  
 STUART FL 34996

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

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 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:

*FREDERICK C. MESARD*  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1/9/99

Daytime Phone #

561-220-9511

CR2E034 (11/98)