## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

**ROOM 772** 

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Zip

Suite, Apl. #, etc.

City & State

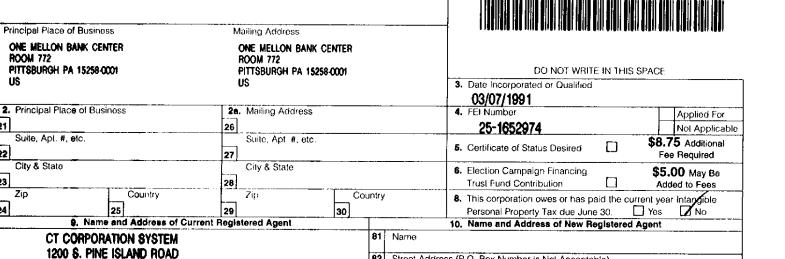
S36186

(2)

APD CYPRESS SPRINGS, INC.

PLANTATION FL 33324

**FILED** Feb 16 1998 8:00am Secretary of State



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

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.

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| SIGNATURE Signature: typed or profed nan-e of registered agond and title if applicable (NOTE Registered Agont signature required when reinstating)  DATE |                             |            |                      |   |                            |  |
|--|-----------------------------|------------|----------------------|---|----------------------------|--|
| 12.  | OFFICERS AND DIRECTORS      |            | 13.                  | ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 |                            |  |
| TITLE  | DCP                         | LLI DELETE | 1.1 TITLE            | DCP   | Change Additio             |  |
| NAME   | HOLL, RICHARD L             |            | 1.2 NAME             |   | · · ·                      |  |
| STREET ADDRESS   | 4850 ONE MELLON BANK CENTER |            | 1.3 STREET ADDRESS   | Sherman L. White                                  | BOOK CATE                  |  |
| CITY-ST-ZIP  | PITTSBURGH PA               |            | 1.4 CITY - ST - ZIP  | P. HE burgh PA                                    | 15258:0001                 |  |
| TALE   | V                           | DELETE     | 2.1 TITLE            | 74.,  | Change Additio             |  |
| NAME   | MCARTOR, MICHAEL M          |            | 2.2 NAME             | 9   |                            |  |
| STREET ADDRESS   | 4850 ONE MELLON BANK CENTER |            | 2.3 STREET ADDRESS   | 1935 One Mellon E                                 | ank Ctr                    |  |
| CITY-ST-ZIP  | PITTSBURGH PA               |            | 2. 4 CITY-ST-ZIP     | Pittsburgh PA                                     | (5258-AM)                  |  |
| TITLE  | Ţ                           | DELETE     | 3 1 THLE             | (1)   | Change                     |  |
| NAME   | Taylor, S. Lynn             |            | 3.2 NAME             |   |                            |  |
| STREET ADDRESS   | 740 ONE MELLON BANK CENTER  |            | 3 3 STREET ADDRESS   |   |                            |  |
| CITY-ST-ZIP  | PITTSBURGH PA               |            | 3.4. CITY - ST - ZIP | Pittsburgh, PA 15                                 | SSE-SSI<br>Change Addition |  |
| TITLE  | 8                           | ☐ DELETE   | 4.1 TILLE            |   | Change Addition            |  |
| NAME   | Whiteman, Barbara J         |            | 4. 2 NAME            |   |                            |  |
| STREET ADDRESS   | 1820 ONE MELLON BANK CENTER |            | 4.3 STREET ADDRESS   | 4826 One mellon                                   | Bank Cfr.                  |  |
| CITY-ST-ZIP  | PITTSBURGH PA 15258-0001    |            | 4.4 CITY - ST - ZIP  |   |                            |  |
| TITLE  | AT                          | DELETE     | 51 TITLE             |   | Change Addition            |  |
| NAME   | Lansinger, Mark P           |            | 5 2 NAME             |   |                            |  |
| STREET ADDRESS   | 772 ONE MELLON BANK CENTER  |            | 5.3 STREET ADDRESS   |   |                            |  |
| CITY-ST-ZIP  | PITTSBURGH PA 15258-0001    |            | 5.4 CITY-ST-ZIP      |   |                            |  |
| TITLE  |                             | DELETE     | 6.1 THLE             |   | Change Addition            |  |
| NAME   |                             |            | 6.2 NAME             |   |                            |  |
| STREET ADDRESS   |                             |            | 6.3 STREET ADDRESS   |   |                            |  |
| CITY-ST-ZIP  |                             |            | 6.4 CITY-ST-ZIP      |   |                            |  |

14. Thereby 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.

Zip Code