FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S61377** **(5)**

1. Corporation Name
CYPRESS POINTE, INC.

Principal Place of Business
2200 W COMMERCIAL BLVD
SUITE 302
FT LAUDERDALE FL 33309

Mailing Address
2200 W COMMERCIAL BLVD
SUITE 302
FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24 Country 25
Zip 29 Country 30

4. FEI Number: 65-0291580 [ ] 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 has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
HODKIN, PETER M
2200 W COMMERCIAL BLVD
SUITE 302
FT LAUDERDALE FL 33309

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 607.0505, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Name of Registered Agent) (Registered Agent's Signature) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19	
TITLE	D	1 TITLE	[ ] Change [ ] Addition
NAME	ZUCKERMAN, DAVID	2 NAME	
STREET ADDRESS	1201 S W 102ND AVE	3 STREET ADDRESS	
CITY ST ZIP	PEMBROKE PINES FL	4 CITY ST ZIP	
TITLE	D	5 TITLE	[ ] Change [ ] Addition
NAME	ZUCKERMAN, ANDREW	6 NAME	
STREET ADDRESS	1201 S W 102ND AVE	7 STREET ADDRESS	
CITY ST ZIP	PEMBROKE PINES FL	8 CITY ST ZIP	
TITLE	D	9 TITLE	[ ] Change [ ] Addition
NAME	LEVY, MICHAEL	10 NAME	
STREET ADDRESS	16855 NE 2ND AVE E	11 STREET ADDRESS	
CITY ST ZIP	PEMBROKE PINES FL	12 CITY ST ZIP	
TITLE	D	13 TITLE	[ ] Change [ ] Addition
NAME	FELS, JONATHAN	14 NAME	
STREET ADDRESS	16855 NE 2ND AVE E	15 STREET ADDRESS	
CITY ST ZIP	PEMBROKE PINES FL	16 CITY ST ZIP	
TITLE		17 TITLE	[ ] Change [ ] Addition
NAME		18 NAME	
STREET ADDRESS		19 STREET ADDRESS	
CITY ST ZIP		20 CITY ST ZIP	
TITLE		21 TITLE	[ ] Change [ ] Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 or on an attachment with an asterisk.

SIGNATURE: Michael Levy (305) 437-8144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0217032 CP