

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # V66407

(0)

95 MAY -1 AM 10:45

1. Corporation Name

BAV. INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

950 SOUTH TAMiami TRAIL
SUITE 206
SARASOTA FL 34236
US

Mailing Address

950 SOUTH TAMiami TRAIL
SUITE 206
SARASOTA FL 34236
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1992

3a. Date of Last Report

08/23/1994

4. FEI Number

65-0359133

Applied For

Not Applicable

5. Certificate of Status (Others)

☐

**\$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.

☒ Yes

☐ No

2. Foreigner Report of Return

21

2a. Mailing Address

26

State, Apt. #, etc.

22

State, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**VROSS, BEVERLY A.
1741 PEREGRINE POINT DRIVE
SARASOTA FL 34231**

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 607.1508, 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 of Agent is not required for registered agent with no change in address)

(Signature of registered agent is required for registered agent with change in address)

(Date)

12. OFFICERS AND DIRECTORS

12a

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
VROSS, BEVERLY A.
1741 PEREGRINE POINT DRIVE
SARASOTA FL**

12b

NAME

STREET ADDRESS

CITY, ST, ZIP

12c

NAME

STREET ADDRESS

CITY, ST, ZIP

12d

NAME

STREET ADDRESS

CITY, ST, ZIP

12e

NAME

STREET ADDRESS

CITY, ST, ZIP

12f

NAME

STREET ADDRESS

CITY, ST, ZIP

12g

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13b

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13c

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13d

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13e

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13f

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13g

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and true, and qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 person or persons who caused this report to be prepared by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an affidavit filed with this report.

SIGNATURE:

Beverly A. Vross
Beverly A. Vross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-95

813-952-0588

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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
7/10/95
11:00

9/21/1992 11:00:39

SECRET
STATE OF FLORIDA

DOCUMENT # V66602 (6)

CYPRESS, INC.

Principal Place of Business
114 SE FIRST ST
STE 9
GAINESVILLE FL 32601

Mailing Address
114 SE FIRST ST
STE 9
GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 09/21/1992		3a. Date of Last Report 05/01/1994	
4. FEI Number 59-3148829		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. 190.032, Florida Statutes. ☐ Yes ☐ No			

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FISHMAN, ALAN 114 SE FIRST ST STE 9 GAINESVILLE FL 32601		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 607.01(2) and 607.15(8), 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 607.15(8), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME D FISHMAN, ALAN 114 SE FIRST ST #9 GAINESVILLE FL		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.01(2)(b), Florida Statutes. I further certify that the information included 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 president or director of the corporation or the owner or person in possession of the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR