


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1012

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUL 25 AM 7:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # F96000003478 (2)
 1. Corporation Name
 CYPRESS SALES & MARKETING, INC.

Principal Place of Business Mailing Address
 19728 192ND AVE., N.E. 19728 192ND AVE., N.E.
 WOODINVILLE WA 98072 WOODINVILLE WA 98072

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 3a. Date of Last Report
 07/08/1996 N/A
 4. FEI Number Applied For
 91-1708895 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	MURPHY, JEROME L	
STREET ADDRESS	19728 192ND AVE., N.E.	
CITY-ST-ZIP	WOODINVILLE WA 98072	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	MURPHY, JEROME L	
STREET ADDRESS	19728 192ND AVE., N.E.	
CITY-ST-ZIP	WOODINVILLE WA 98072	
TITLE	Sec	<input type="checkbox"/> DELETE
NAME	MURPHY, FAITH	
STREET ADDRESS	19728 192nd Av NE	
CITY-ST-ZIP	Woodinville, WA 98072	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	300002255349--0
43 STREET ADDRESS	-08/01/97--01094--018
44 CITY-ST-ZIP	****165.00 ****165.00
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

7-31-97

14. I do 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 assignee of the corporation and that 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.

SIGNATURE _____ DATE _____

CR2E034 (4/97)

20fz



CYPRESS SALES & MARKETING INC.

Contributing to the success of our customers.

July 18, 1997

Florida Department of State
Divisions of Corporations
P O Box 6327
Tallahassee, Florida 32314

Re: Annual Report Filings

Dear Sir,

Recently we received a second notice 1997 Profit Corporation Annual Report Packet from your office. Upon investigation it was discovered that our company sent our annual report with filing fee to your office in February, but the check written for \$165.00 was never cashed. After calling your office, we learned that the report sent in February was never signed and therefore sent back. We never received this returned report nor the original check.

Ms Trevor Brumbley in your office suggested I send in the \$165.00, the second notice signed, and a letter stating what happened so we wouldn't have to pay the Late Fee.

Sincerely,

Faith Murphy