

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

**FILED**  
**Feb 10, 1999 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

02-10-1999 90070 028 \*\*\*\*150.00

**DOCUMENT # F96000003478**

1. Corporation Name  
**CYPRESS SALES & MARKETING, INC.**



DO NOT WRITE IN THIS SPACE

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

Mailing Address  
 19728 192ND AVE., N.E.  
 WOODINVILLE WA 98072

3. Date Incorporated or Qualified  
**07/08/1996**

4. FEI Number  
**91-1708895**

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 [ ] 22 Suite, Apt. #, etc. [ ] 23 City & State [ ] 24 Zip [ ] 25 Country [ ]

2a. Mailing Address

26 [ ] 27 Suite, Apt. #, etc. [ ] 28 City & State [ ] 29 Zip [ ] 30 Country [ ]

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 [ ] 85 Zip Code [ ] **FL**

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 [ ] DELETE

NAME **PST MURPHY, JEROME L**

STREET ADDRESS **19728 192ND AVE., N.E.**

CITY-ST-ZIP **WOODINVILLE WA 98072**

TITLE [ ] DELETE

NAME **DC MURPHY, JEROME L**

STREET ADDRESS **19728 192ND AVE., N.E.**

CITY-ST-ZIP **WOODINVILLE WA 98072**

TITLE [ ] DELETE

NAME **S MURPHY, FAITH**

STREET ADDRESS **19728 192ND AVE. NE**

CITY-ST-ZIP **WOODINVILLE WA 98072**

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

1.1 TITLE [ ] Change [ ] Addition

1.2 NAME [ ]

1.3 STREET ADDRESS [ ]

1.4 CITY-ST-ZIP [ ]

2.1 TITLE [ ] Change [ ] Addition

2.2 NAME [ ]

2.3 STREET ADDRESS [ ]

2.4 CITY-ST-ZIP [ ]

3.1 TITLE [ ] Change [ ] Addition

3.2 NAME [ ]

3.3 STREET ADDRESS [ ]

3.4 CITY-ST-ZIP [ ]

4.1 TITLE [ ] Change [ ] Addition

4.2 NAME [ ]

4.3 STREET ADDRESS [ ]

4.4 CITY-ST-ZIP [ ]

5.1 TITLE [ ] Change [ ] Addition

5.2 NAME [ ]

5.3 STREET ADDRESS [ ]

5.4 CITY-ST-ZIP [ ]

6.1 TITLE [ ] Change [ ] Addition

6.2 NAME [ ]

6.3 STREET ADDRESS [ ]

6.4 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:** \_\_\_\_\_ **1-10-99 425844-9397**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)