

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000035299 (2)**

1. Corporation Name

CYPRESS TRUST COMPANY



Principal Place of Business

**125 WORTH AVENUE
212
PALM BEACH FL
US**

Mailing Address

**125 WORTH AVENUE
212
PALM BEACH FL
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1996

4. FEI Number

65-0697774

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

SUITE 212

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

SUITE 212

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

VALDES-FAULI CORPORATE SERVICE, INC.

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

777 SOUTH FLAGLER DRIVE

83

SUITE 500 EAST

84

WEST PALM BEACH

FL

85

Zip Code

33401

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

Michael G. Blackmon
Signature (Typed or printed name of registered agent and, if applicable, date)

V.P.
(NOTE: Registered Agent signature required when reinstating)

DATE

5-13-98

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **ARPS, PETER D**
STREET ADDRESS **222 176TH TERRACE DRIVE**
CITY-ST-ZIP **REDINGTON SHORES FL 33708**

TITLE **D** ☐ DELETE

NAME **BREKUS, GORDON L**
STREET ADDRESS **120 DUNBAR ROAD**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **DCEO** ☐ DELETE

NAME **GREER, J. BRADFORD**
STREET ADDRESS **133 FORESTER COURT**
CITY-ST-ZIP **WELLINGTON FL**

TITLE **DV** ☐ DELETE

NAME **KEMBLE, WILLIAM T JR**
STREET ADDRESS **206 CARIBBEAN ROAD**
CITY-ST-ZIP **PALM BEACH FL**

TITLE **D** ☐ DELETE

NAME **PENDERGAST, GERARD J JR**
STREET ADDRESS **576 E RAMBLING DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

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

D/Partner V.P.

**MICHAEL G. BLACKMON
832 FOREST GLEN LANE
WEST PALM BEACH FL 33411**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE

Michael G. Blackmon

514-150-5800

CR2E034 (10/97)