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May 05 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P96000035299**

1. Corporation Name
CYPRESS TRUST COMPANY

Principal Place of Business	Mailing Address
125 WORTH AVENUE STE 212 PALM BEACH FL US	125 WORTH AVENUE STE 212 PALM BEACH FL US

05/05/99 90086 011 150.00
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 the current year intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 218 ROYAL PALM WAY	26 218 ROYAL PALM WAY
22 Suite, Apt. #, etc. 100	27 Suite, Apt. #, etc. 100
23 City & State PALM BEACH, FL	28 City & State PALM BEACH, FL
24 Zip 33480 25 Country US	29 Zip 33480 30 Country US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

31 Name: VALDES-FAULI CORPORATE SERVICES, INC
32 Street Address (P.O. Box Number is Not Acceptable): 1775 FLAGLER DRIVE
33 SUITE 500 EAST
34 City: W. PALM BEACH FL 35 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: [signature] V.P. MICHAEL V. MITRIONE 4-20-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	BREKUS, GORDON L		1.2 NAME	THURSTON III, DOC J.	
STREET ADDRESS	120 DUNBAR ROAD		1.3 STREET ADDRESS	2419 RED FOX TRAIL	
CITY-ST-ZIP	PALM BEACH FL 33480		1.4 CITY-ST-ZIP	CHARLOTTE, NC 28211	
TITLE	DCEO	☐ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	GREER, J. BRADFORD		2.2 NAME	SMITH JR. ANDREW L.	
STREET ADDRESS	133 FORESTER COURT		2.3 STREET ADDRESS	2143 MENTO ROAD	
CITY-ST-ZIP	WELLINGTON FL		2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KEMBLE, WILLIAM T JR		3.2 NAME		
STREET ADDRESS	206 CARIBBEAN ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PENDERGAST, GERARD J JR		4.2 NAME		
STREET ADDRESS	576 E RAMBLING DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33414		4.4 CITY-ST-ZIP		
TITLE	DSVP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BLACKMON, MICHAEL G		5.2 NAME		
STREET ADDRESS	832 FOREST GLEN LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33414		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	LS	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/96)

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: [signature] **REQUIRED** 4/26/99 561-659-5889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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