

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90076 015 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F98000000469

1. Corporation Name
CYBERSAFE CORPORATION

Principal Place of Business Mailing Address
1605 NW SAMMAMISH RD. STE 310 **1605 NW SAMMAMISH RD. STE 310**
ISSAQUAH WA 98027 **ISSAQUAH WA 98027**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/27/1998	
4. FEI Number 91-1621109	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.
116-D THOMASVILLE RD
MOUNT VERNON SQUARE
TALLAHASSEE FL 32303

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	WEBB, DANIEL	
STREET ADDRESS	1605 NW SAMMAMISH RD, STE 310	
CITY-ST-ZIP	ISSAQUAH WA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EVANS, WAYNE	
STREET ADDRESS	1605 NW SAMMAMISH RD, STE 310	
CITY-ST-ZIP	ISSAQUAH WA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GASSEN, ROBERT	
STREET ADDRESS	1605 NW SAMMAMISH RD, STE 310	
CITY-ST-ZIP	ISSAQUAH WA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, MARY	
STREET ADDRESS	1605 NW SAMMAMISH RD, STE 310	
CITY-ST-ZIP	ISSAQUAH WA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEALS, DANIEL	
STREET ADDRESS	1605 NW SAMMAMISH RD, STE 310	
CITY-ST-ZIP	ISSAQUAH WA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOOKS, PETER M	
STREET ADDRESS	1605 NW SAMMAMISH RD, STE 310	
CITY-ST-ZIP	ISSAQUAH WA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CEO
1.3 STREET ADDRESS	JAMES CANNARINO
1.4 CITY-ST-ZIP	1605 NW SAMMAMISH RD #310 ISSAQUAH WA
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* VP of Finance 4/30/99 (425) 391-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)