


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

**FILED**  
**Jan 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G33428 (5)**  
 1. Corporation Name  
**SIBEX, INC.**

Principal Place of Business 1040 HARBOR LAKE DR SAFETY HARBOR FL 34695	Mailing Address 1040 HARBOR LAKE DR SAFETY HARBOR FL 34695
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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 Country	28 Zip Country
24	29

3. Date Incorporated or Qualified <b>04/15/1983</b>	
4. FEI Number <b>59-2282974</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GROVES, DUANE**  
 1040 HARBOR LAKE DR  
 SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name **MICHAEL J. MCCARTHY**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1040 HARBOR LAKE DR.**

83

84 City **SAFETY HARBOR** FL 85 Zip Code **34695**

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 J. MCCARTHY Pres.** *Michael J. McCarthy* **1/9/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GROVES, DUANE	
STREET ADDRESS	1040 HARBOR LAKE DR	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	MCCARTHY, MICHAEL	
STREET ADDRESS	1040 HARBOR LAKE DRIVE	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCCARTHY, MICHAEL	
STREET ADDRESS	1040 HARBOR LAKE DR	
CITY-ST-ZIP	SAFETY HARBOR FL	
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

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MCCARTHY MICHAEL	
1.3 STREET ADDRESS	1040 HARBOR LAKE DR.	
1.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
2.1 TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HOLT JAMES	
2.3 STREET ADDRESS	1040 HARBOR LAKE DR.	
2.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695	
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.

SIGNATURE: *Michael J. McCarthy* **REQUIRED** **1/9/98** **813-726-4343**

CR2E034 (10/97)