

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000063418 (5)**

1. Corporation Name  
**CYLEX INC.**



Principal Place of Business

**2800 PENNINGTON DR.  
ORLANDO FL 32804**

Mailing Address

**2800 PENNINGTON DR.  
ORLANDO FL 32804**

2. Principal Place of Business

2a. Mailing Address

|    |                     |    |                     |
|----|---------------------|----|---------------------|
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State        | 27 | City & State        |
| 23 | Zip                 | 28 | Zip                 |
| 24 | Country             | 29 | Country             |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>08/29/1994</b>  | 3a. Date of Last Report<br><b>05/01/1995</b> |
| 4. FEI Number<br><b>59-3260409</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**WEEDON, GERALD W  
1200 GULF LIFE DR.  
SUITE 800  
JACKSONVILLE FL 32207**

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   |

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0504, Florida Statutes.

SIGNATURE

Signature of person whose name appears in Block 9 (Current Registered Agent)

Signature of person whose name appears in Block 10 (New Registered Agent)

DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DUKE, GOODMAN B</b>                   | 1.2 NAME  |   |
| STREET ADDRESS             | <b>P.O. BOX 268</b>                      | 1.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | <b>MINERAL VA 23117</b>                  | 1.4 CITY-STATE-ZIP                                    |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DUKE, ROBERT E</b>                    | 2.2 NAME  |   |
| STREET ADDRESS             | <b>20 CRESENT DR.</b>                    | 2.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | <b>STAUNTON VA 24401</b>                 | 2.4 CITY-STATE-ZIP                                    |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DUKE, DAVID M</b>                     | 3.2 NAME  |   |
| STREET ADDRESS             | <b>3201 GLENWOD AVE.</b>                 | 3.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | <b>RALEIGH NC 27612</b>                  | 3.4 CITY-STATE-ZIP                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             |  | 4.4 CITY-STATE-ZIP                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             |  | 5.4 CITY-STATE-ZIP                                    |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             |  | 6.4 CITY-STATE-ZIP                                    |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if a change in appointment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**14 MAR. 1996 (919) 782-6860**

CR2E034 (12/95)