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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	G33428
1 Corporation Name	G00720

SIBEX, INC.

Principal Place of Business					
1040 HARBOR LAKE DR					

Mailing Address

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90185 034 ***150.00



1040 HARBOR LAKE DR SAFETY HARBOR FL 34695		1040 HARBOR LAKE DR SAFETY HARBOR FL 34695			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 04/15/1983	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			59-2282974 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
Ciby & State	^	City & State			6. Election Campaign Financing \$5.00 May Be	
City & State	В	28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	;	This corporation owes the current year Intangible	
24	25	29 30	J		Personal Property Tax. ☑ Yes □ No	
	9. Name and Address of Current	1			10. Name and Address of New Registered Agent	
			81	Name		
MCCARTHY, MICHAEL J 1040 HARBOR LAKE DR		82	82 Street Address (P.O. Box Number is Not Acceptable)			
SAFE	TY HARBOR FL 34695		83			
			84	City	FI 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent	Land title if applicable. (NOTE: Reç	gistered Ager	nt signature re	equired when reinstating) DATE	
12.	OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	MCCARTHY, MICHAEL		1.2 NAME			
STREET ADDRESS	1040 HARBOR LAKE DR	,	1.3 STREET	T ADDRESS	, .	
CITY-ST-ZIP	SAFETY HARBOR FL 34695		1.4 CITY- S	T-ZIP	Change Addition	
TITLE	VP0	⊠ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	MCCARTHY, MICHAEL		2.2 NAME		, <u> </u>	
STREET ADDRESS	1040 HARBOR LAKE DRIVE		2.3 STREET	1	1	
CITY-ST-ZIP	SAFETY HARBOR FL	9 oc. c.	2. 4 CITY- S	T-ZIP	☐ Change ☐ Addition	
TITLE	S	⊠ DELETE	3.1 TITLE		☐ Offerings ☐ Assessor	
NAME	MCCARTHY, MICHAE;		3.2 NAME			
STREET ADDRESS	1040 HARBOR LAKE DR		3.3 STREET			
CITY-ST-ZIP	SAFETY HARBOR FL		3.4. CITY-S	<u>šT-ZIP</u>	Change Addition	
TITLE	TS NOT IMPE		4.1 TITLE	J		
NAME	HOLT, JAMES		4. 2 NAME	i		
STREET ADDRESS	1040 HARBOR LAKE DR			7 ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695	□ DELETE	4.4 CITY-S	T-ZIP	Change Addition	
TITLE		☐ DETE IE	5.1 IIILE 5.2 NAME		, <u> </u>	
NAME			5.3 STREET	TADDRESS	·	
STREET ADDRESS			5.4 CITY-S			
CITY-ST-ZIP		□ belete	6.1 TITLE	1-ZIP	☐ Change ☐ Addition	
TITLE		☐ DELETE	6.2 NAME	ì	· · · · · · · · · · · · · · · · · · ·	
NAME				7 ADDDECC	•••	
STREET ADDRESS			63SIREE	T ADDRESS		

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:

727 - 726- 4343