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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400002054 (4)

CYRCO, INCORPORATED

Principal Place of Business

Mailing Address

FILED Feb 05 1998 8:00am Secretary of State



P.O. BOX 7292 P.O. BOX 7292 GREENSBORO NC 27417 GREENSBORO NC 27417 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/20/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 56-1278914 Not Applicable 7611 Boeina 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be PC Greenshoro 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. Street Address (P.O. Box Number is Not Acceptable) 82 PLANTATION FL 27417 83 City 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 and title if applicab OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change DELETE 1.1 TITLE TITLE COUTURE, PETER A NAME 1.2 NAME 2516 W. WOODLYN WAY STREET ADDRESS 1.3 STREET ADDRESS **GREENSBORO NC 27407** CITY - ST - ZIP 1.4 CITY-ST-ZIP VSDC DELETE Change Addition TITLE 2.3 TITLE COUTURE, PETER A NAME 2.2 NAME 2516 W. WOODLYN WAY STREET ADDRESS 2.3 STREET ADDRESS GREENSBORO NC 27407 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITE F 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS 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; on on an attachment with an address.

SIGNATURE:

CHIENATUAL (BEOLUBEL

1-29-98

R2E034 (10/97)