

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Sandra H. Mertham
Secretary of State
DIVISION OF CORPORATIONS

H80330
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUL 26 PM 3:18



DO NOT WRITE IN THIS SPACE

DOCUMENT # H80330 (4)
1. Corporation Name
PERFECTBYTE, INC.

Principal Place of Business: 111 2ND AVE NE STE 1109 ST PETERSBURG FL 33701 US
Mailing Address: 200 CENTRAL AVE #1600 ATTN: JON GASTON ST PETERSBURG FL 33701 US

3. Date Incorporated or Qualified: 10/01/1985
4. FEI Number: 59-2580222 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30: Yes

2. Principal Place of Business (21-23) and Mailing Address (24-26) details including Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: DAWSON PETER, 111 2ND AVE NE STE 1109 SUITE 304, ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and Zip Code.

In 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] (NOTE: Registered Agent signature required when registering) DATE:

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ROACH, REUBEN R.	
STREET ADDRESS	111 2ND AVE NE STE 1104	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	DAWSON, PETER	
STREET ADDRESS	111 2ND AVE NE STE 1109	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	200002953162
14 CITY-ST-ZIP	-08/06/99--01087--012
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	***158 75 ***158
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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: [Signature] 3-20-99 227-923-7047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0389338