

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H92095** (9)  
1. Corporation Name  
**CYKL TECHNOLOGY, INC.**



Principal Place of Business  
**1280 US HWY 1  
MALABAR FL 32950  
US**

Mailing Address  
**3495 WILLOWOOD DR.  
MELBOURNE FL 32904**

3. Date Incorporated or Qualified  
**12/24/1985**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**59-2601926**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent

**KELLY, JAMES F.  
3495 WILLOWOOD DR.  
MELBOURNE FL 32904**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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 *James F. Kelly*  
Signature typed or printed name of registered agent and the corporation.

*James F. Kelly, V.D.*  
(NOTE: Registered Agent signature required when re-appointing.)

*4-26-95*  
Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KELLY, DEANNA B. 3495 WILLOWOOD DR MELBOURNE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KELLY, JAMES F. 3495 WILLOWOOD DR MELBOURNE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HUNT, MIRIAM 25 GREENVIEW WAY UPPER MONTCLAIR NJ	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(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: *James F. Kelly* *James F. Kelly* *4-26-96* *407.754.8615*  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)