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 # **H92095**

1. Corporation Name

CYKL TECHNOLOGY, INC.

| Principal | Place of | Business |
|-----------|----------|----------|
| | | |

Mailing Address

May 19, 1999 8:00 am Secretary of State

05-19-1999 90029 033 ****50.00 05-19-1999 90029 034 ***100.00

|--|--|--|

| MALABAR FL 3: US | MALABAR FL 32950 MELBOURNE FL 32904 | | | DO NOT WRITE IN THIS SPACE | | | | |
|---------------------|--|----------------------------------|---------------------|----------------------------|--|----------------------------------|-------------------------|--|
| | | | | | Date Incorporated or Qualifed 12/24/1985 | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | Aı | pplied For | |
| 21 | | 26 | | | 59-2601926 | No | ot Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 Additional Fee Required | | |
| City & State |) | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be | |
| 23 | | 28 | | | Trust Fund Contribution | Added | to Fees | |
| Zip | Country | Zip | Country | | 8. This corporation owes the current year In | ntangible | | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | | | |
| | 9. Name and Address of Curre | ent Registered Agent | | | 10. Name and Address of New Registered | i Agent | | |
| | | _ | 81 | Name | | | | |
| | Y, JAMES F. | | 82 | Street Artd | ress (P.O. Box Number is Not Acceptable) | | | |
| | WILLOWOOD DR. | | " | Oli Cot / lad | mose (1 , o. Box Hamost to Hot Hoseptane) | | | |
| MELE | BOURNE FL 32904 | | 83 | | | | | |
| | | | 84 | City | Fl | 85 Zip | Code | |
| office or re | to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig | e of Florida. Such change was au | thorized by | the corporati | poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint | f changing its sintment as re | registered egistered | |
| SIGNATURE | | | | | | | | |
| | Signature, typed or printed name of registered ag | | | nt signature require | red when reinstating) DATE | ND DIDECTI | 200 01 42 | |
| <u> 12</u> | | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS A | Change ☐ | Addition | |
| TITLE | PD PEANING B | ☐ DELETE | 1.1 TITLE | \ | | ☐ Change | | |
| NAME | KELLY, DEANNA B. | | 1.2 NAME | | | | | |
| STREET ADDRESS | 3495 WILLOWOOD DR | | 1.3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | MELBOURNE FL | | 1.4 CITY-S | T-ZIP | | | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | | Change | Addition | |
| NAME | KELLY, JAMES F. | | 2.2 NAME | | | | ļ | |
| STREET ADDRESS | 3495 WILLOWOOD DR | | 2.3 STREE | TADDRESS | | | } | |
| CITY-ST-ZIP | MELBOURNE FL | | 2.4 CITY- | ST-ZIP | | | | |
| TITLE | STD | ☐ OELETE | 31 TITLE | | | Change | Addition | |
| NAME | HUNT, MIRIAM | | 3.2 NAME | | | | | |
| STREET ADDRESS | 25 GREENVIEW WAY | | 3.3 STREE | TADDRESS | | | ŀ | |
| CITY-ST-ZIP | UPPER MONTCLAIR NJ | | 3.4. CITY-5 | ST-ZIP_ | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | ☐ Change | Addition | |
| NAME | | | 4. 2 NAME | | | | l | |
| STREET ADDRESS | | | 4.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | 4,4 CITY- S | T-7IP | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | Change | Addition | |
| NAME | | | 5.2 NAME | | | | 1 | |
| STREET ADDRESS | | | 5.3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | | | 5,4 CITY- S | IT-ZIP | | | ì | |
| TITLE | | DELETE | 6.1 TITLE | | | Change | Addition | |
| NAME | | | 6.2 NAME | | | | _ | |
| | | | | TADDRESS | | | 1 | |
| STREET ADDRESS | | | 6.4 CITY-S | | | | | |
| CITY, ST, ZIP | | | 0.4 () 1-3 | 7-4H | | | I | |

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 colporation 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 chylinged, or on an attachment with an address with all other like empowered.

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SHANING OFFICER OR DIRECTOR

CR2E034 (11/98)