

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

**APPROVED
AND
FILED**

95 MAR 23 AM 10:41

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida
32399-0001

DOCUMENT # J25610

(3)

MEGABYTE INTERNATIONAL CORPORATION

Principal Place of Business

8401-C BENJAMIN ROAD
TAMPA FL 33634

Mailing Address

8401-C BENJAMIN ROAD
TAMPA FL 33634

000000143881761

03/24/95-01057-0000

****208.75 ****208.75

03/24/95-01057-0000

2. Principal Place of Business

21 5610 WEST SLIGH

2a. Mailing Address

26 5610 WEST SLIGH

07/24/1986

03/28/1994

4. FID Number

59-2871043

5. Certificate of Status (Required)

X

\$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 information tax under the
Florida Statutes

X

No

9. Name and Address of Current Registered Agent

LINDSAY, MARK E.
3422 REYNOLDSWOOD DR
TAMPA FL 33618-9114

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number, if applicable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this duly chartered 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, if two-thirds of the board is required by the corporation's articles of incorporation, and the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Agent or Director, if applicable

Signature of Agent or Director, if applicable

12. OFFICERS AND DIRECTORS

TITLE P
NAME LINDSAY, MARK EDWARD
STREET ADDRESS 3422 REYNOLDSWOOD DRIVE
CITY, ST, ZIP TAMPA FL

TITLE V
NAME ANDERSON, PETER THOMAS
STREET ADDRESS 2914 WALLCRAFT AVE.
CITY, ST, ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. NAME

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. NAME

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. NAME

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. NAME

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. NAME

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. NAME

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.0502 and 607.1508, Florida Statutes. I further certify that this information is included on this annual report or supplemental annual report is true and accurate and that my signature shall be the same as the signature appearing on the return of the corporation or the officer or director empowered to execute this report, as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1, if changed, or on the return with an address.

SIGNATURE:

X
SIGNATURE AND PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

3/9/95 (83) 884-8780