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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90007 025 ***158.75

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J25610 1. Corporation Name

MEGABYTE INTERNATIONAL CORPORATION

5610 WEST SL SUITE 106 TAMPA FL 336		5610 WEST SLIGH SUITE 106 TAMPA FL 33634				3. Date Incorporate 07/24/1986		N THIS SPACE	· ·
2 Principal D	Place of Business	2a. Mailing Address				4. FEI Number			Applied For
_ ′	lace of Dusiness	26				59-2871043		<u> </u>	Not Applicable
Suite; Apt.	# etc	Suite, Apt. #, etc.				J3 201 1040		\$8.7	75 Additional
22	. 7, 500.	27				5. Certifcate of State	us Desired	VI	e Required
City & Stat	te	City & State				6. Election Campaig	- Financiae		.00 May Be
23		28				Trust Fund Contri			ded to Fees
Zip	Country	Zip	Соил	itry		8. This corporation of			404 10 7 000
24	25	29	30	-		Personal Property		Yes	□No
	9. Name and Address of Current		1,5,4			10. Name and Addre			
	190 750 180			81	Name			-	
	DSAY, MARK E	20 6 1 2 7 a	-	82	Chart Address	s (P.O. Box Number is	N-4 A		
WE 342	2 REYNOLDSWOOD DR	eret fat	ľ	02	Street Address	s (P.O. box Number R	s Not Acceptable	8)	
TAM	IPA FL 33618-9114		Ī	83			(2) \$761 (A)D 1971.	de Milli eine eicht	EN CONTRACT
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				84	City			FL 85	Zip Code " ' '
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligation	Florida. Such change was	authorized	by ti	-named corpora he corporation's	ation submits this state s board of directors. I	ement for the pu hereby accept to	rpose of changin he appointment a	g its registered as registered
SIGNATURE	Standard broad or original game of registered spent a	and title if englicable (NO	TE: Registered A	Acont	einnaturo roquirad w	hen reinstation\> 1 (0.)		DATE	· .
	Signature, typed or printed name of registered agent a		TE: Registered A	Agent	signature required wh	hen reinstating) (1995)	IGES TO OFFIC	DATE CERS AND DIRE	CTORS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered agent a OFFICERS AND				signature required w	ADDITIONS/CHAN	IGES TO OFFIC		
12.	Signature, typed or printed name of registered agent a OFFICERS AND	DIRECTORS	13.	E.	signature required wi		IGES TO OFFIC	ERS AND DIRE	
12.	Signature, typed or printed name of registered egent a OFFICERS AND P LINDSAY, MARK E	DIRECTORS	13. 1.1 TITL 1.2 NAM	JE JE	signature required with	ADDITIONS/CHAN	IGES TO OFFIC	ERS AND DIRE	
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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, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

813-884-8780x