FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:45

DOCUMENT # **J46640** **(5)**

1. Corporation Name
CYBER-TEST, INC.

Principal Place of Business	Mailing Address
448 COMMERCE WAY BLDG A-5 LONGWOOD FL 32750	448 COMMERCE WAY BLDG A-5 LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/11/1986**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 448 COMMERCE WAY	26 448 COMMERCE WAY
Suite, Apt. #, etc. 22 BLDG. 100	Suite, Apt. #, etc. 27 BLDG. 100
City & State 23 LONGWOOD, FL	City & State 28 LONGWOOD, FL
Zip / Country 24 32750 / 25	Zip / Country 29 32750 / 30

4. FEI Number: **59-2747946** ☐ 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

9. Name and Address of Current Registered Agent

GREENBERG, WILLIAM A.
6500 HIGHWAY 17-92
FERN PARK FL 32730

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☐ Change ☐ Addition
NAME	HEYNSSENS, ROBERT P.	12 NAME	
STREET ADDRESS	216 NORTH BLUFF	13 STREET ADDRESS	
CITY-ST-ZIP	GLADSTONE MI	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	HEYNSSENS, JOYCE A.	22 NAME	
STREET ADDRESS	216 NORTH BLUFF	23 STREET ADDRESS	
CITY-ST-ZIP	GLADSTONE MI	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GREENBERG, WILLIAM A.	32 NAME	
STREET ADDRESS	6500 HWY 17-92	33 STREET ADDRESS	
CITY-ST-ZIP	FERN PARK FL	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	P ☒ Change ☐ Addition
NAME	PORTELLI, LEON	42 NAME	FREDERICK H. REID
STREET ADDRESS	733 ANDOVER CIRCLE	43 STREET ADDRESS	1941 CONIFER COURT
CITY-ST-ZIP	WINTER SPRINGS FL	44 CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE		51 TITLE	V ☐ Change ☒ Addition
NAME		52 NAME	LISA A. WELTON
STREET ADDRESS		53 STREET ADDRESS	1361 BLACK WILLOW TRAIL
CITY-ST-ZIP		54 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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.

SIGNATURE: Frederick H. Reid, President 2/8/95 407-260-5600
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

0041337 CP