

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 #
1. Corporation Name

CYBER-TEST, INC

Principal Place of Business

Mailing Address

448 COMMERCE WAY
BLDG 100
LONGWOOD, FL 32750

448 COMMERCE WAY
BLDG 100
LONGWOOD, FL 32750

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENBERG, WILLIAM A.
6500 HIGHWAY 1792
FERN PARK, FL 32730

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
HEYNSSENS, ROBERT P.
216 NORTH BLUFF
GLADSTONE MI

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
HEYNSSENS, JOYCE A.
216 NORTH BLUFF
GLADSTONE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GREENBERG, WILLIAM A.
6500 HWY 17-92
FERN PARK FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
REID, FREDERICK H.
1941 CONIFER COURT
WINTER SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
WELTON, LISA A.
1361 BLACK WILLOW TRAIL
ALTAMONTE SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SD
WELTON, LISA A.
1361 BLACK WILLOW TRAIL
ALTAMONTE SPRINGS FL

☒ Change ☐ Addition

☐ Change ☐ Addition

300002021673002
-12/06/96--01014--009
*****61.25 *****61.25

☐ Change ☐ Addition

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Amended Report

FILED
96 DEC -5 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mwb
12/5/96

CR2E034 (12/95)