

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J46640 (5)
1. Corporation Name
CYBER-TEST, INC.



Principal Place of Business
448 COMMERCE WAY
BLDG 100
LONGWOOD FL 32750
US

Mailing Address
448 COMMERCE WAY
BLDG 100
LONGWOOD FL 32750-6384
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Zip Country

3. Date Incorporated or Qualified 12/11/1986
3a. Date of Last Report 04/11/1996
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYNSSENS, ROBERT P.	1.2 NAME	
STREET ADDRESS	216 NORTH BLUFF	1.3 STREET ADDRESS	
CITY-ST-ZIP	GLADSTONE MI	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEYNSSENS, JOYCE A.	2.2 NAME	
STREET ADDRESS	216 NORTH BLUFF	2.3 STREET ADDRESS	
CITY-ST-ZIP	GLADSTONE MI	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, WILLIAM A.	3.2 NAME	
STREET ADDRESS	6500 HWY 17-92	3.3 STREET ADDRESS	
CITY-ST-ZIP	FERN PARK FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, FREDERICK H.	4.2 NAME	
STREET ADDRESS	1941 CONIFER COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELTON, LISA A.	5.2 NAME	
STREET ADDRESS	1361 BLACK WILLOW TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED

FREDERICK H. REID

4/28/97

407-240-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)