

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L33303

1. Corporation Name
CYTEK SOFTWARE CORPORATION

Principal Place of Business
9555 N. KENDALL DRIVE
SUITE 210
MIAMI FL 33176

Mailing Address
9555 N. KENDALL DRIVE
SUITE 210
MIAMI FL 33176

FILED
Jun 23, 1999 8:00 am
Secretary of State

06-23-1999 90005 009 ***150.00
07-29-1999 90024 011 ***400.00

1. INDIVIDUAL NAME ENTERED SYSTEM FIRST MIDDLE LAST NAME INITIAL FIRST MIDDLE LAST NAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 9525 SW 93 Ave
Suite, Apt. #, etc.
22
City & State
23 Miami, FL
Zip Country
24 33176 25 Miami-Dade
2a. Mailing Address
26 PO Box 16-1950
Suite, Apt. #, etc.
27
City & State
28 Miami, FL
Zip Country
29 33116 30 Miami-Dade

3. Date incorporated or Qualified
11/29/1989
4. FEI Number
65-0168037
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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
MOORE, GREGG
9555 N. KENDALL DRIVE
SUITE 210
MIAMI FL 33176

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1. D MOORE, LIDIA
9555 N KENDALL DR, #120
MIAMI FL
2. D MOORE, GREGG
9555 N KENDALL DR, #210
MIAMI FL
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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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.

SIGNATURE:

Gregg Moore REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/99

305-274-1827

Date

Daytime Phone #

CR2E034 (11/98)