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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L49237

CYBERSOFT PROGRAMMING UTILITIES, INC.									
Principal Place of Business Mailing Address						1 (0011011 011 01010 10110 11006 1	ilki laki bibli bibli		11 6 11 4 2 0 11 1 90 1
262 MOSS LANE P.O. BOX 2004 VENICE FL 34293 VENICE FL 34284-2004									
					<u> </u>		ITE IN THIS SE	PACE	
						Date Incorporated or Qualifed 02/06/1990		,	
2. Principal P	face of Business	2a. Mailing Address			1	FEI Number	,	⊢	plied For
21	w .	26				<u>65-0172463</u>		+	t Applicable
Suite, Apt.		Suite, Apt. #, etc.	27			Certificate of Status Desired		\$8.75 A	
City & Stat	e	City & State	_			Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Country	,		This corporation owes the curr		-	
24	25 29 30					Personal Property Tax. Yes No 10. Name and Address of New Registered Agent			∐No
9. Name and Address of Current Registered Agent				Name	10.	Name and Address of New I	Registered Ag	ent	
KAE	RCHER, WILLIAM		81	Name					
262 MOSS LANE			82	82 Street Address (P.O. Box Number is Not Acceptable)			able)		,
VENICE FL 34293			83	 		- 1 - 2 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	1 1 its, 1 2 i 2 i 2 i	5 F . A F 14 7	(15), *(*); (15) (16): 8(5): (18)
				-				1 1 1	
			84	City		क्यों कि अन्य प्रदेश रेख्य की की स्वर्ध के र	E1	85 Zip (Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida. Such change was aut	horized by	the corpora	orporation ration's boa	submits this statement for the ard of directors. I hereby acce	purpose of chapt the appointm	anging its nent as req	registered gistered
•	m familiar with, and accept the obligat	ions of, Section 607.0505, Floric	ia Statutes	i.					İ
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Ager	nt signature regu	er nedw beriuc	instating) 1/2 (1/2) 1	DATE		
12.	OFFICERS AN	., ,	13.			DDITIONS/CHANGES TO OF		DIRECTO	RS IN 12
TITLE	DELETE 1.11		1.1 TITLE			GS 0117423		Change	☐ Addition
NAME	KAERCHER, ELOISE C.		1.2 NAME			300 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C			
STREET ADDRESS	s 262 MOSS LANE		1.3 STREET ADDRESS					, ⁵ ,	
CITY-ST-ZIP	VENICE FL 34293		1.4 CITY-ST-ZIP			•	•		
TITLE	P	☐ DELETE	2.1 TITLE					Change	Addition
NAME	KAERCHER, WILLIAM	2.2 N							
STREET ADORESS			2.3 STREET ADDRESS						
CITY-ST-ZIP	VENICE FL 34293 2.		2.4 CITY-ST-ZIP						
TITLE	251 7 3	☐ DELETE	3.1 TITLE					Change	`
NAME			3.2 NAME						•
STREET ADDRESS	33\$		3.3 STREET	3.3 STREET ADDRESS		Jane 1, grant property of the same	。 [九]韩 新标之的	1948 (1963)	ništi traditičti.
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		3.4. CITY-S	T-ZIP					這樣的
TITLE		☐ DELETE	4.1 TITLE	ļ		1 2 1 1 1 1 1 1 1 1 1 1 1	P. 189 (2:30 E	_ Change :	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	TADORESS					•
City-St-ZIP		———	4.4 CITY-S	T- ZIP			<u>_</u>		
TITLE		☐ DELETE	5.1 TITLE			*****	. [Change	Addition
NAME !			5.2 NAME	1		13.1			1

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.

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

ALLUM PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ DELETE

1-18-1999 941-492-9325

☐ Change

☐ Addition

FILED

Feb 09, 1999 8:00am

Secretary of State

02-09-1999 90024 017 ***150.00

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