**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P93000067842

1. Corporation Name

CIBERBYTE INC.

## Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90112 012 \*\*\*150.00



| Principal Pince of Business  |  |  |                  |            | •                      |  |   |               |          |  |
|--|--|--|------------------|------------|------------------------|--|---|---------------|----------|--|
| ## Applied For John Agency   Some   S | Principal Place of Business Mailing Address  |  |                  |            |                        |  | Arrı M <b>a</b> şım Bəssi i <b>n</b> ga | I IUIII DIEIU |          |  |
| 2. Principal Place of Business   2a. Mailing Address   4. FE Number   65-0436584   Month April 4, etc.   2   |  |  |                  |            |                        | DO NOT WRITE IN THIS SPACE                 |   |               |          |  |
| 2. Principal Pinkor of Business   2a. Malling Address   2b.   5. Certificate of Status Desired   Sat. No. Applicable   Sulls, Apt. R. etc.   27  |  |  |                  |            |                        |  |   |               |          |  |
| Sulfo, Apt. #, etc.    Sulfo, Apt. #, etc.   |  |  |                  |            |                        |  |   |               |          |  |
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, otc.   Suite, Apt. #, otc.   Suite   Suite | Principal Place of Business     2a. Mailing Address  |  |                  |            |                        |  |   | +             |          |  |
| Salte, Apt. #, etc.    20  | 21 26  |  |                  |            |                        | 65-0436584                                 |   |               |          |  |
| City & State   City & City   Ci   | Suite, Apt. #, etc. Suite, Apt. #, etc.  |  |                  |            |                        | 5. Certificate of Status Desired           |   | Fee Required  |          |  |
| Zip    |  | e  | — ·              | ¬ ′        |                        | 1  |   |               |          |  |
| 9. Name and Address of Current Registered Agent  EDMONSTON, GISELE 2613 OKEECHOBEE LANE FT. LAUDERDALE FL 33312  182 Streat Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code 11. Pursuent to the provisions of Sections 667:0502 and 607:1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607:0505, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607:0505, Florida Statutes.  SIGNATURE 3000 THE Transmit 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 agent. I am familiar with, and accept the obligations of, Section 607:0505, Florida Statutes.  SIGNATURE 3000 THE Transmit to the provisions of Section 607:0505, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607:0505, Florida Statutes.  SIGNATURE 3000 THE Transmit to the provisions of Section 607:0502 and 607:1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered differences. The purpose of changing its registered differences. The purpose of changing its registered differences. The purpose of directors. The purpose of changing its registered differences. The purpose of changing its  |  | Country Zip Con                                  |                  | Counti     |                        |  |   |               |          |  |
| Solution    | 24   | 25   | 29 30            |            |                        | Torochart reporty ross                     |   | lo            |          |  |
| EDMONSTON, GISELE 2813 OKEECHOBEE LANE FT. LAUDEROALE FL 33312  14 Oity 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 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, and accept the obligations of, Section 607,0505, Plorida Statutes.  SIGNATURE Supman, hyped or grotise name of registered agent and site if application  D CHEFE 11. TITLE D CHEFERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. DEFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. DEFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY ST. ZIP  DEMONSTON, GISELE 12. NAME 2813 OKEECHOBEE LANE 13. SIREET ADDRESS  CITY. ST. ZIP 14. CITY ST. ZIP 15. TITLE 15. TIT |  | 9. Name and Address of Current                   | Registered Agent |            | T                      | 10. Name and Address of New Reg            | istered Agent                           |               |          |  |
| 2613 OKEECHOBEE LANE FT. LAUDERDALE FI. 33312  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the approach of states are septished agent, and accept the obligations of, Section 607.6505, Floridal Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  D CHANGE  EDMONSTON, GISELE  STREET ADDRESS  CITY-ST-ZP  TITLE  D CHANGE  22 ITITLE  D CHANGE  32 STREET ADDRESS  CITY-ST-ZP  TITLE  D CHANGE  34 City  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14 CITY-ST-ZP  TITLE  D CHANGE  32 STREET ADDRESS  14 CITY-ST-ZP  TITLE  D CHANGE  32 STREET ADDRESS  44 CITY-ST-ZP  TITLE  D CHANGE  34 CITY-ST-ZP  TITLE  D CHANGE  34 CITY-ST-ZP  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  21 TITLE  22 TITLE  31 TITLE  31 TITLE  32 TITLE  33 STREET ADDRESS  44 CITY-ST-ZP  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ADDITIONS/CHANGE |  |  |                  | 8          | 1 Name                 |  |   |               | 1        |  |
| 11. Pursuant to the provisions of Sections 667.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, or familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  D CHANGE STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  D OBLETE  12. STREET ADDRESS  CITY-ST-ZIP  DELETE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. STREET ADDRESS  CITY-ST-ZIP  TITLE  D OBLETE  15. TITLE  D OBLETE  21. TITLE  D OBLETE  22. ADDRESS  CITY-ST-ZIP  TITLE  D OBLETE  3. STREET ADDRESS  CITY-ST-ZIP  TITLE  D OBLETE  4. TITLE  D OBLETE  4. TITLE  D Change  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. STREET ADDRESS  CITY-ST-ZIP  TITLE  D OBLETE  4. TITLE  D OBLETE  4. TITLE  D OBLETE  5. TITLE  D OBLETE |  |  |                  |            | 2 Street Addre         | ddress (P.O. Box Number is Not Acceptable) |   |               |          |  |
| ### 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 office or registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  ### Signature.  ### Signature.  ### Signature.  ### D  | FT. LAUDERDALE FL 33312  |  |                  | 8          | 3                      |  | . =                                     |               |          |  |
| The presuant to the provisions of Sections 607.0502 and 607.1508, Findrida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the objections of, Section 607.0508, Fiorida Statutes, the above-named corporation's board of director's. I hereby accept the appointment as registered agent. I am familiar with, and accept the objections of, Section 607.0508, Florida Statutes.    Signature   |  |  |                  | 8          | 4 City                 |  | 85                                      | Zip Code      |          |  |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of yellow of positioned mans of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. In present agent agent and mans of registered agent and state is applicable.  In the position of mans of registered agent and state is applicable. (NOTE: Registered Agent ag |  |  |                  |            | 1                      |  |   |               |          |  |
| 12   | fine or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's poard of directors. Thereby accept the appointment as registered |  |                  |            |                        |  |   |               |          |  |
| 12.  | SIGNATURE  |  |                  |            |                        |  |   |               |          |  |
| TITLE  |  |  |                  |            | ent signature required |  |   | CTORS         | IN 12    |  |
| EDMONSTON, GISELE   12 MAWE   13 STREET ADDRESS  |  |  |                  |            |                        | ADDITIONS/CHANGES TO OFFIC                 |   |               |          |  |
| STREET ADDRESS   CITY-ST-ZIP   | ١,   | _  | C. Decera        | i .        |                        |  | _                                       | ` -           |          |  |
| TITLE  |  |  |                  |            |                        |  |   |               |          |  |
| TITLE  |  |  |                  |            |                        |  |   |               |          |  |
| NAME   |  |  |                  | -          |                        | · · · · · · · · · · · · · · · · · · ·      | ☐ Cha                                   | inge [        | Addition |  |
| STREET ADDRESS   2.3 STREET ADDRESS   2.4 ČITY-ST-ZIP   2.4 ČITY   | ļ  |  |                  |            |                        |  | _                                       | _             |          |  |
| CITY-ST-ZIP  |  | ■  |                  | <b>I</b> . |                        |  |   |               |          |  |
| TITLE  |  | م حارثين بايس                                    |                  |            |                        |  |   |               | -        |  |
| NAME   |  | □ DELETE   |                  |            |                        |  | [] Chi                                  | ange [        | Addition |  |
| STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP  | i 1  |  |                  |            |                        | 1  |   |               | ł        |  |
| STREET ADDRESS   STRE   | 1  |  |                  |            |                        |  |   |               |          |  |
| TITLE  | 1 1  |  |                  |            |                        |  |   |               |          |  |
| NAME   |  | ****   | ☐ DELETE         | _          |                        |  | Cha                                     | ange [        | Addition |  |
| STREET ADDRESS   | }  |  |                  | 4. 2 NAM   | e                      |  |   |               |          |  |
| A CITY-ST-ZIP  |  |  |                  |            |                        |  |   |               |          |  |
| TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME         52 NAME         STREET ADDRESS         5.3 STREET ADDRESS         CITY-ST-ZIP         Change         Addition           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         6.3 STREET ADDRESS         6.3 STREET ADDRESS   | 1 1  |  |                  |            |                        |  |   |               |          |  |
| NAME         52 NAME           STREET ADDRESS         53 STREET ADDRESS           CITY-ST-ZIP         54 CITY-ST-ZIP           TITLE         DELETE         61 TITLE           NAME         62 NAME           STREET ADDRESS         63 STREET ADDRESS   |  |  | ☐ DELETE         |            |                        | 1  | ☐ Chi                                   | ange [        | Addition |  |
| STREET ADDRESS         53 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE           NAME         62 NAME           STREET ADDRESS         6.3 STREET ADDRESS   | 1  | •  |                  |            | I .                    |  |   |               |          |  |
| CITY-ST-ZIP         54 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE           NAME         62 NAME           STREET ADDRESS         6.3 STREET ADDRESS   | ]  | ADDRESS 5.                                       |                  | 5.3 STRE   | ET ADDRESS             |  |   |               |          |  |
| TITLE DELETE 6.1 TITLE Change Addition  NAME  STREET ADDRESS 6.3 STREET ADDRESS  6.3 STREET ADDRESS  | 1  |  |                  | 5.4 CITY-  | -ST-ZIP                |  |   |               |          |  |
| NAME STREET ADDRESS 62 NAME 63 STREET ADDRESS  |  |  | ☐ DELETE         | 6.1 TITLE  |                        |  | ☐ Ch                                    | ange [        | Addition |  |
| STREET ADDRESS A CONTROL OF THE CONT | 1  |  |                  | 6.2 NAME   | <u> </u>               |  |   |               | 1        |  |
| CITY_ST_ZIP  |  | MONEY NO. 15 15 15 15 15 15 15 15 15 15 15 15 15 |                  | 6.3 STRE   | ET ADDRESS             |  |   |               |          |  |
|  | CITY-ST-ZIP  | Contact Billion                                  |                  |            |                        |  |   |               |          |  |

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 supplied 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 conporation 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 chapted, prior an attachment with an address, with all other like empowered.

**SIGNATURE**