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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORFORATIONS

DOCUMENT # P93000072605 (7)

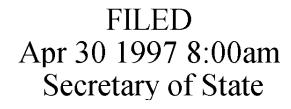
CYBERSPACE, INCORPORATED

Mailing Address

1018 DOOKSIDE DRIVE VALRICO FL 33594

BOX 1512

SEFFNER FL 33583-1512





									d.				
									3. Date Incorporated or Qualified 3s. Date of Last 10/07/1993 06/11/1996				
2.	Principal Place of Business			2a. Mailing Address				4.	FEI Number	1 00/11/1		plied For	
21			26	26					59-3206567			t Applicable	
	Sulte, Apt. #, etc.			Suite, Apt. #, etc.				5	Certificate of Status Desired	1 1 7 -	.75 A	dditional	
City & State			27						Governance of Oldros Besiled		Fee Re	quired	
				City & State				6.	Election Campaign Financing			May Be	
23	Zip	Country	28	Zip	T	ountry	,	Trust Fund Contribution Added to Fees					
24	Σή	25	29	30			•	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
==1	9. Name	and Address of Curren		ered Agent	30			10	Florida Statutes Name and Address of New Re		,		
LOCKWOOD, CHRISTOPHER C							Name						
	1918 DOCKSI												
	VALRICO FL 3					82	Street Address (P.O. Box Number is Not Acceptable)						
	VALITIOO I'E C	30384				83	ļ						
							· · · · · · · · · · · · · · · · · · ·						
						84	City			FL 85	Zip C	Code	
11	Pursuant to the provi	sions of Sections 607,050.	2 and 60	7.1508, Florida Statute	es, the	above	e-named co	rporatio	on submits this statement for the p		ging 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.													
SI	GNATURE		~ ± · · · · ·										
12		d or printed name of registered age OFFICERS ANI					en anutangez Ine			DATE			
TIT		OFFICERS AIN	DIREC	DELETE	13	1111.6			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE			
NAI		OOD, CHRISTOPHER (•	C) believe		NAME				1,1 6	nange	☐ Addition	
STREET ADDRESS 1918 DOCKSIDE DRIVE			,				1000000						
		O FL 33594					ADDRESS						
TIT		J 1 L 50007		DELETE		CHY-S	1 - 2112			С	hanne	Addition	
NA	AE				1	NAME					nungo		
	EET ADDRESS						ADDRESS						
	Y-ST-ZIP					CITY-5							
TiTi				DELETE		TOLE	21-211			ΠÖ	hange	Addition	
NAI	AE				3.2	NAME							
STF	EET ADDRESS				3.3	STREET	ADDRESS					İ	
CIT	Y-ST-ZIP					CHY-5							
TIT				DELETE	_	TITLE		• • • • • • • • • • • • • • • • • • • •		C	hange	Addition	
NAJ	AE				4. 2	NAME					-		
STR	EET ADORESS				4.3	STREET	ADDRESS						
ĊIT	r-ST-ZIP				4.4	CHY-S	1-ZIP						
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NAJ	AE				5.2	NAME						ļ	
STR	EET ADDRESS				5.3	STREET	ADDRESS					ŀ	
CIT	r-st-zip				- 1	City-s						ĺ	
TITI	E			☐ DELETE		1ITLE				CI	nange	☐ Addition	
NA)	AE				6.2	NAME							
STA	EET ADDRESS				6.3	STREET	ADDRESS						
ÇIT	/-ST-21P				6.4	CITY-S	T - Z IP						

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 algorithment with an address.

813-659-2137