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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P93000080753 (5)

## CYBERTECH SYSTEMS INTERNATIONAL, INC.

Principal Place of Business Mailing Address 1612 COOLING AVE 1612 COOLING AVE MELBORUNE FL 32935 MELBORUNE FL 32935



2.						3. Date incorporated or Qualified 3a. Date of Last 11/18/1993 04/20/		
26	2. Principa' Pia	ce of Business	, 2a. Mailing Address	2a. Mailing Address				
Side Add #, etc.    Suite Add #, etc.   Suite Add #, etc.   Side Additional   Section of Statute Desired   Section Additional   Section Campaign Francising   Section Addition   Section	21		26			59-3211283	+	
Series And the state of the State of Florida State of State State of State	Suite, Apt. #, etc.		<u>├</u>	<b>├</b> ─┐		5. Certificate of Status Desired S8.75 Additional		
Part   County   Zip   County   S. This corporation has beliefly for interriplies tax under is 199.032   Plotids Statutes   Miles   No. Name and Address of New Registered Agent   10. Name and Address of New Regis		ourne	28 Me DOW	City & State  28 Melbourne		,		
9. Name and Address of Current Registered Agent  HUBBARD, BRIAN B 1612 COOLING AVE MELBORUNE FL 32935  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  11. Fursiant to thir provisions of Soctions 607,0502 and 607 1506, Florida Statutes, this abbers named corporation submits this statement for the purpose of changing its registered difference 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, and the improvision of the purpose of changing its registered difference 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 for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of changing its registered agent. I am for the purpose of change in the	Zφ	Country			,	8. This corporation has liability for intangible tax under	s 199.032,	
HUBBARD, BRIAN B 1612 COOLING AVE MELBORUNE FL 32935  82 Street Address (P.O. Box Number is Not Acceptable)  13. Average to both, in the State of Florada Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. I am SCNATURE  SCNATURE  14. Pursuant to the provisions of Sections 607,000 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am SCNATURE  SCNATURE  SCNATURE  15. Pursuant to the provisions of Sections 607,000 and south change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am SCNATURE  16. Corporation with, and acceptable the appointment for the purpose of changing its registered agent. I am SCNATURE  17. SCNATURE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	24			30				
HUBBARD, BRIAN B		9. Name and Address of 0	Current Registered Agent					
1612 COOLING AVE   MELBORUNE FL 32935   83				81	Name			
MELBORUNE FL 32835  84					Street Ac	Address (P.O. Box Number is Not Acceptable)		
Beautiful Companies								
11. Pursuant to thin provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation for control provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation for control provisions of Sections 607.0502 and 607.1508, Florida Statutes or repistered 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 repistered	MELBO	RUNE FL 32935		83				
11. Previousnits of this provisions of Soctions 607.0502 and 607.1500, 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 Plouds Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registered agent. I am submit with, and accept the obligations of, Soction 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. In THE  15. In THE  16. Change   Addition  NMS  SHELL ADDRESS  16. COUNTY ST. ZIP  16. Change   Addition  AMM  16. SIRREL ADDRESS  16. STREET ADDRESS  16. STRE				84	City M		Zip Code	
SIGNATURE	11. Pursuant to or registere familiar with	of the provisions of Sections 60 of agent, or both, in the State to a and accept the obligations o	7.0502 and 607.1508, Florida Statuti of Florida, Such change was authoriz f, Section 607.0505, Florida Statutes	es, the above- ed by the corp	named corp poration's bo	poration submits this statement for the purpose of changing its poard of directors. I hereby accept the appointment as registers	registered office ed agent. I am	
12	SIGNATURE	Separative - typest or proceed name of recipite	ed are in and total it and cable (INC)	TE. Registered Area	ol signature requ	irad when renslated		
THE   D							ORS IN 12	
13 STREET ADDRESS		D	☐ DELETE			· · · · · · · · · · · · · · · · · · ·		
13 STREET ADDRESS	NAME	HUBBARD, BRIAN B		1.2 NAME			_	
Title	STREET ADDRESS			1.3 STREE	ADDRESS			
TILE	C 1Y+S1+ZiP		35					
2   STREET ADDRESS   2   STREET ADDRESS   2   CTY-ST-ZP						Change	Addition	
2   City   St   7P	NAME			2.2 NAME			_	
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DELETE	SIR: ET ADDRESS			3.3 STREE	T ADDRESS			
A2 NAME	CHD+ST-ZIE			3 4 CITY - 5	ST-ZIP			
STREET ADDRESS   4.3 STREET ADDRESS   4.4 CITY - ST - ZIP	THEF	☐ DELETE		4. 1 TITLE		☐ Change	Addition	
CHY-SI-ZIP	NAMI			4.2 NAME	1			
DELETE   DELETE   5.1 TiTLE	STREET ADDRESS			4.3 \$1REE1	ADDRESS			
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\$3 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	TIFLE		☐ DELETE	5. 1 TITLE		☐ Change	Addition	
CHY - ST - ZIP	NAM:			5.2 NAME				
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NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS	CHY-\$1:26			5 4 CITY-5	T-ZIP			
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	NAME			6.2 NAME				
ONLY OF THE	STREET ADDRESS			6 3 STREFT	ADDRESS			
CHY-SI-ZIF 64 CHY-SI-ZIP	CHY-SI-ZIF			64 CITY - S	ST-ZIP			

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 convergion 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 the convergion 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 the convergion of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

Brian B. Hubbard