PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000047527

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90060 010 ***150.00

STAR BYTE SYSTEMS, INC.								
Principal Place of Business Mailing Address								
1819 LINDBERGH LANE 1819 LINDBERGH LANE								
DAYTONA BEACH FL 32124 DAYTONA BEACH FL 32124						DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualifed		
						06/24/1994		ŧ
2. Principal Place of Business 2a. Mailing Address						4; FEI Number	A	oplied For
21 26						<u>59-3251676</u>	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional
27						5, Certificate of Casico Desired		equired:
City & State		· ·	City & State			6, Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zìp				У		8. This corporation owes the current yea	r Intangible □ Yes	⊠ No
24	25 29 30					Personal Property Tax. 10. Name and Address of New Registe		25040
	9. Name and Address of Cul	rrent Registered Agent	8	1 1	Name	10. Name and Address of New Register	eu Agent	
GRAI	FFEO, PAUL A		Ľ	Ί.				
1819 LINDBERGH LANE			8:	2 5	Street Addres	ss (P.O. Box Number is Not Acceptable)		1
DAYTONA BEACH FL 32124			8	3				
5 , 11, 1				1				
			8-	4 (City		EL 85 Zip	Code
14 Dureuant	to the arovisions of Sections 607	0502 and 607 1508. Florida Statute	s the abo	Ve-n	named corpor	ration submits this statement for the purpose	of changing its	registered
office or r	egistered agent, or both, in the St	ate of Florida. Such change was au	thorized b	y the	e corporation	's board of directors. I hereby accept the ap	pointment as re	egistered
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.0505, Flori	da Statute	95.				
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOTE:	Renistered An	ent su	gnature required v	when reinstating) DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	PVP	☐ DELETE 1.1 TI					☐ Change	☐ Addition
NAME	GRAFFEO, PAUL A		1.2 NAME					
STREET ADDRESS	1819 LINDBERGH LANE		1.3 STRE	ET AD	ODRESS			1
CITY-ST-ZIP	DAYTONA BEACH FL		1.4 CITY-	ST-ZI	'IP			
TITLE	ST	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	GRAFFEO, LINDA K		2,2 NAME					Į.
STREET ADDRESS			2,3 STREE		DORESS			
CITY-ST-ZIP	DAYTONA BEACH FL 240		2.4 CITY-	·ST-Z	ZIP			
TITLE		☐ DELETE 31TI					Change	☐ Addition
NAME	32N		3,2 NAME	:				1
STREET ADDRESS	3.3		3.3 STRE	ETAD	ODRESS			1
CITY-ST-ZIP	3.4		3.4. CITY-	-ST-Z	ZIP		_	
TITLE	☐ DELETE 4.1 TI		4.1 TITLE				☐ Change	Addition
NAME	4,21		4, 2 NAM	E				
STREET ADDRESS	DRESS 4.33		4.3 STRE	ET AD	CORESS			ł
CITY-ST-ZIP				ST-ZI	IP			
τπιε		☐ DELETÉ	5,1 TITLE				Change	☐ Addition
NAME			5.2 NAME					}
STREET ADDRESS			5.3 STRE					
CITY-ST-ZIP			5.4 CITY-		3P			
TITLE		☐ DELETE	6.1 TITLE			·	☐ Change	☐ Addition (
NAME			6.2 NAME					
STREET ADDITION			6.3 STRE					
CITY-ST-ZIP	CITY-ST-ZIP 6.4 C		6.4 CITY-	ST-ZI	IP			

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: SIGNATURE: PAUL A. GRAFFED PRUS, 2-5-99 (904) 756-3963

;R2E034 (11/98)