

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 17, 1999 8:00 am**  
**Secretary of State**

09-17-1999 90006 031 \*\*\*550.00

**DOCUMENT # P95000003194**

1. Corporation Name  
**CYBER CONCEPTS, INC.**



Principal Place of Business  
**8048 OLD TOWN DR  
ORLANDO FL 32819  
US**

Mailing Address  
**8048 OLD TOWN DRIVE  
ORLANDO FL 32819**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/10/1995**

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

4. FEI Number  
**59-3289694**

Applied For  
☐ Not Applicable

City & State  
**23**

City & State  
**28**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**DUNEGAN, RICHARD  
225 E ROBINSON ST #450  
ORLANDO FL 32802**

10. Name and Address of New Registered Agent

81 Name  
**Benjamin H. Moore CPA**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1400 W. Fairbanks Avenue**

83  
**STE 201**

84 City  
**Winter Park**

FL 85 Zip Code  
**32789**

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 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.

SIGNATURE **Benjamin H. Moore CPA**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE **9/10/99**

12. OFFICERS AND DIRECTORS

TITLE  
**PSTD**

NAME  
**BERGER, JOACHIM**

STREET ADDRESS  
**8048 OLD TOWN DRIVE**

CITY-ST-ZIP  
**ORLANDO FL 32819**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS  
**6129 RALEIGH ST, # 88**

1.4 CITY-ST-ZIP  
**ORLANDO, FL 32835**

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE: **SIGNATURE REQUIRED**

**9/8/99** **407 192 0001**

CR2E034 (5/99)