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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000075207 (7)

1. Corporation Name
BYZANT, INC.



Principal Place of Business
5817-C FOX HOLLOW DRIVE
BOCA RATON FL 33486

Mailing Address
5817-C FOX HOLLOW DRIVE
BOCA RATON FL 33486-8666

2. Principal Place of Business
21 835 ALAMANDA ST.

2a. Mailing Address
26 835 ALAMANDA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 BOCA RATON FL

27 City & State
28 BOCA RATON FL

24 Zip 33486 25 Country

29 Zip 33486 30 Country

3. Date Incorporated or Qualified
09/29/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0614491

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STAMATOVSKI, KRSTO
5817-C FOX HOLLOW DRIVE
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name STAMATOVSKI KRSTO
82 Street Address (P.O. Box Number is Not Acceptable) 835 ALAMANDA ST.
83 P
84 City BOCA RATON FL FL 85 Zip Code 33486

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME STAMATOVSKI, KRSTO
STREET ADDRESS 5817-C FOX HOLLOW DRIVE
CITY-ST-ZIP BOCA RATON FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 attachment with an address.

SIGNATURE: KRSTO STAMATOVSKI 5/1/97 5817-C FOX HOLLOW DRIVE

CR2E034 (9/96)