

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000077513 (6)

1. Corporation Name

CYBERSCAPES, INC.



Principal Place of Business

6929 13TH AVENUE NORTH  
ST. PETERSBURG FL 33710

Mailing Address

6929 13TH AVENUE NORTH  
ST. PETERSBURG FL 33710

3. Date Incorporated or Qualified  
10/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 6929 13TH AVE N.

26 6929 13TH AVE N.

4. FEI Number

59-3347 K2

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 ST. PETERSBURG, FL

28 ST. PETERSBURG, FL

Zip

Country

Zip

Country

24 33710

25 USA

29 33710

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BYRNE, JAMES A  
540 4TH STREET NORTH  
ST. PETERSBURG FL 33701

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
KAGEYAMA, PETER K  
11601-4TH STREET NORTH APT. 3308  
ST. PETERSBURG FL 33716

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

☒ Change ☐ Addition

11412 2ND ST. N. #4  
ST. PETERSBURG, FL 33716

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
WALKER, KENNETH S  
11601-4TH STREET NORTH APT. 3308  
ST. PETERSBURG FL 33716

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

☒ Change ☐ Addition

6929 13TH AVE N.  
ST. PETERSBURG, FL 33710

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
GOLDSTEIN, JAY E  
12904 NATIONAL DRIVE APT. D  
TAMPA FL 33617

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

☒ Change ☐ Addition

LOTJENA  
813 LOTJENA RD  
LUTZ, FL 33549

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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH S. WALKER

Date

2/27/96

Daytime Phone #

88-526-9555

CR2E034 (12/95)