

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90013 025 ***150.00

DOCUMENT # P95000090275

1. Corporation Name
CYBER NETWORKS, INC.

Principal Place of Business

3601 TURTLE RUN BLVD.
SUITE 523
CORAL SPRINGS FL 33067

Mailing Address

3601 TURTLE RUN BLVD.
SUITE 523
CORAL SPRINGS FL 33067



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1995

4. FEI Number

65-0620803

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

1 4631 Northwest 31st Ave.

Suite, Apt. #, etc.

2 Suite 265

3 Ft. Lauderdale, FL

Zip Country

4 33309 25 USA

2a. Mailing Address

26 4631 Northwest 31st Ave.

Suite, Apt. #, etc.

27 Suite 265

City & State

28 Ft. Lauderdale, FL

Zip

29 33309 30 USA

9. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A., D/B/A AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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

2. OFFICERS AND DIRECTORS

TITLE PSTD
NAME SHAKESPEARE, SCOTT
STREET ADDRESS 4631 NORTHWEST 31ST AVENUE, SUITE 265
CITY-STATE-ZIP FORT LAUDERDALE FL 33309

☐ DELETE

TITLE VPD
NAME MCCONNELL, STEVEN
STREET ADDRESS 4631 NORTHWEST 31ST AVENUE, SUITE 265
CITY-STATE-ZIP FORT LAUDERDALE FL 33309

☐ DELETE

TITLE VD
NAME GALIONE, MARK
STREET ADDRESS 4631 NORTHWEST 31ST AVE., STE. 265
CITY-STATE-ZIP FORT LAUDERDALE FL 33309

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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 and typed or printed name of signing officer or director

Scott Shakespeare / President

Date

1-5-99

Daytime Phone #

800-292-3741

CR2E034 (11/98)