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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

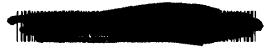
Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000021031 (5)

OYDERGERVICES, INC.

SYBER SORVICES

FILED May 01 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		Tun Same	_
5364 EHRLICH TAMPA FL 336	RD 8TE 385	5364 EHRLICH RD STE TAMPA FL 33625-5500	385		
				3. Date Incorporated or Qualified 3a. Date of Last Report 03/04/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	or
21		26		Not Applie	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired 50.73 Additions	al
City & State	ρ	City & State	1 12 1000	Fee Required	
23	•	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.03	
24	25	29	30	Florida Statutes Yes No	,,
	9. Name and Address of Curr			10. Name and Address of New Registered Agent	
KING	3, MICHAEL		81 Name		
	FULMAR DR		82 Stree	I Address (P.O. Box Number is Not Acceptable)	
	PA FL 33825-1912		50.60	Constitution of the month of the contraction	
			83		
	•		84 City	85 Zip Code	
			City	FL 85 Zip Code	
office or r		te of Florida. Such change wa	s authorized by the co	d corporation submits this statement for the purpose of changing its registe rporation's board of directors. I hereby accept the appointment as register	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (N	IOTE: Registered Agent signatu	ro required when reinstates) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		DELETE	1 1 1 T E	☐ Change 🔀 Ad	dition
NAME			1.2 NAME	MICHAEL KING 5606 FULMAL DL TAMPA, FL 33625	
STREET ADDRESS			1.3 STREET ADDRESS	5606 FULMAL DE	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	TAMPA, FL 33627	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Ad	ddition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITUE	Change Ad	Idition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	1	
CITY-ST-ZIP		DESTE	3 4. C(1) Y - ST - Z(P		
TITLE		L DELETE	4.1 TITLE	Change Ad	adition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-\$T-ZIP		DELETE	4.4 CHY-ST-ZIP 5.1 TITLE	Change Ad	dilion
TITLE		C DESERT		TIN W LINE TYO	JUNION
NAME OTREET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
CITY-ST-ZIP		DILFTE	5.4 CITY- \$1 - ZIP 6.1 TITLE	Change Ad	ddition
NAME		CDINCE	6.7 NAME		(amut)
I			6.2 NAME 6.3 STREET ADDRESS	500002165275 -05/05/9701022046	
STREET ADDRESS				***165.00	
CITY-ST-ZIP	<u></u>		64 CITY - ST - 7IP		

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.