

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

05-13-99 10:07 AM '99

DOCUMENT # P96000039624

1. Corporation Name
CYBETREKS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
50 COLUMBIA CT P.O. BOX 4271
DEERFIELD BEACH, FL DEERFIELD BEACH, FL
33442 33442

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5/06/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0672792	
24 Country		29 Country		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	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DAVID BARTOLUCCI 104 LINCOLN COURT POMPAHO BEACH, FL 33073-1807				81 Name GABRIELA FERRARIO-PETIE	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				50 COLUMBIA CT	
				83 City	
				DEERFIELD BEACH FL 33442	

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, 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Gabriella Ferrario* DATE: 4-16-99 5-31-99
NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P BARTOLUCCI, DAVID	1.1 TITLE	☐ Change ☐ Addition
NAME	50 COLUMBIA CT	1.2 NAME	
STREET ADDRESS	DEERFIELD BEACH, FL 33442	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D/ VPS	2.1 TITLE	☐ Change ☐ Addition
NAME	FERRARIO-PETIE, GABRIELA	2.2 NAME	
STREET ADDRESS	50 COLUMBIA CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Gabriella Ferrario* GABRIELLA FERRARIO 4-16-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2034 (11/98)