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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 APR 17 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000057579 (0)**

1. Corporation Name
CYGNUS TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
14286-19 BEACH BOULEVARD, SUITE 382 JACKSONVILLE FL 32250	14286-19 BEACH BOULEVARD, SUITE 382 JACKSONVILLE FL 32250

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 9378 ARLINGTON EXPR
Suite, Apt. #, etc.
22 322
City & State
23 JACKSONVILLE FL
Zip 24 32225 Country 25 ~~USA~~ USA

2a. Mailing Address
26 9378 ARLINGTON EXPR
Suite, Apt. #, etc.
27 322
City & State
28 JACKSONVILLE FL
Zip 29 32225 Country 30 ~~USA~~ USA

3. Date Incorporated or Qualified
07/09/1996

4. FEI Number
59-3389456
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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED
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 _____ (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	PTD SMID, ANTON 14286-19 BEACH BOULEVARD, SUITE 382 JACKSONVILLE FL 32250	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition PTD SMID, ANTON 9378 ARLINGTON EXPRESSWAY SUITE 322 JACKSONVILLE FL 32225
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD VIGLIANO, ROBERT R 14286-19 BEACH BOULEVARD, SUITE 382 JACKSONVILLE FL 32250	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition VSD VIGLIANO, ROBERT R 9378 ARLINGTON EXPRESSWAY SUITE 322 JACKSONVILLE FL 32225
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 700002495197--5 -04/21/98--01055--002 ****150.00 ****150.00
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

CR2E034 (10/97)

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.

SIGNATURE: ROBERT R VIGLIANO 4/1/98 904-805-0999