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

0034221

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 APR 23 PM 2:22
SECRETARY OF STATE

DOCUMENT # **P96000057579**

1. Corporation Name
CYGNUS TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
5800 BEACH BOULEVARD SUITE 322 JACKSONVILLE FL 32207	5800 BEACH BOULEVARD SUITE 322 JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

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 Fee

8. This corporation was the current year Intangible Personal Property Tax [ ] 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: Spiegel & Utrera, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 343 Almeria Avenue
83
84 City: Coral Gables FL 85 Zip Code: 33134

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: By: Spiegel & Utrera, P.A.
Signature, typed or printed name of individual with authority to sign
Natalia Utrera, Vice-President
4/19/99
Date

12. OFFICERS AND DIRECTORS

TITLE	PTD	[ ] DELETE
NAME	SMID, ANTON	
STREET ADDRESS	9378 ARLINGTON EXPRESSWAY, SUITE 322	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VSD	[ ] DELETE
NAME	VIGLIANO, ROBERT R	
STREET ADDRESS	9378 ARLINGTON EXPRESSWAY, SUITE 322	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PTD	[X] Change [ ] Add
12 NAME	SMID ANTON	
13 STREET ADDRESS	2776 S. STONEHENGE CT.	
14 CITY-ST-ZIP	JACKSONVILLE, FL 32224	
21 TITLE	VSD	[X] Change [ ] Add
22 NAME	VIGLIANO, ROBERT R	
23 STREET ADDRESS	5201 ATLANTIC BLVD #36	
24 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
31 TITLE		[ ] Change [ ] Add
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Add
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Add
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Add
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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: _____ 3/7/99 904-396-1983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number