## 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

## DOCUMENT # P96000066095

CYBERFAST NETWORK SYSTEMS CORP.

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90107 013 \*\*\*150.00



ncipal Flat	æ of Business	Mailing Address					6 (B)6( B()) (63)
RIO RODEO ROAD BEACH FL 33446 DELRAT BEACH FL 33446							
					DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed		
					08/07/1996		}
Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
		26 1006 GRAV	W_	<u> </u>	65-0737595		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. '		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & Sta		City & State  PAGHEANOS	ERO	14.FC	6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country		Country		8. This corporation owes the current year Ir	ntangible	_
	25	29 3348 30			Personal Property Tax.	[] Yes	No
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
STA	CKPOLE, ED			Name			}
16100 RIO RODEO ROAD DELRAY BEACH FL 33448					ess (P.O. Box Number is Not Acceptable)		
			83	100	6 GRAND CT		
			"				
			84	City 127	GHLANDBEACH FI	85 Zip	Code
Dureuant	to the provisions of Sections 607 050	12 and 607 1508 Elorida Statutos the	abovo	named corn	pration submits this statement for the purpose of	f changing it	2 48
office or	registered agent, or both, in the State	of Rorida. Such change was authori	zed by	the corporation	n's board of directors. I hereby accept the appo	ointment as r	egistered
	and accept ne apliga	itidas of, Section 607 USO Florida S	tatutes.	•			
******	Signature, typed or printed name of registered age		ared Agen	t signature required	when reinstating) DATE		\
	<del></del>		3.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
	PD	DELETE 1.	1 TITLE			Change	Addition
-	STACKPOLE, ED	1.	2 NAME		mal CRA- a		
I ADDHESS	46100 RIO RODEO ROAD	13	3 STREET	ADDRESS	006 GRANDCT		121197
ST-ZIP	DELRAY BEACH FL 33446	1	4 CITY-ST	r-ZIP	HIGHLAND BEACH	N.FL	11401
-,	VD	☐ DELETE 2.	1 TITLE			Change	☐ Addition
	STACKPOLE, ITIR	2:	2 NAME	, I			}
: ADDRESS	-16100 RIO RODEO ROAD	2.	3 STREET	ADDRESS	1006 GRAND CT	<u> </u>	33137
ST ZIP	DELRAY BEACH FL 33446	2.	2.4 CITY-ST-ZIP		HIGHLAMD BEACH	<u> :   - C</u>	12481
		☐ DELETE 3.	1 TITLE		-	Change	☐ Addition
		3.	2 NAME		•		
I ADDA'ESS		3.	3 STREET	ADDRESS			}
ST-ZIP			4. CITY-ST	T-ZIP			
	ļ	☐ DELETE 4:	1 TITLE			☐ Change	☐ Addition
_			2 NAME				ł
I ADDRESS		4.	3 STREET	ADDRESS			J
ST-ZIP			4 CITY-ST	- ZIP			
			1 TITLE			Change	☐ Addition
			2 NAME	ADDRESS			<b>†</b>
FAIRDHESS	Ì						]
ST ZIP			4 CITY-ST	-217		☐ Change	Addition
			2 NAME			criange	ר"ו אממונוטגו
				ADORESS			
I ALIDHESS	Ì	· ·	151KEE1 1CITY-ST	1			}

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 attackment with important and 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 attackment with its 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE