

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

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	--

DOCUMENT # **P96000076346 (1)**

1. Corporation Name
CALYPSO, INC.



Principal Place of Business

Mailing Address

~~1601 US 1 NE
SUITE 1
PALM BAY FL 32905~~

~~4091 US 1 NE
SUITE 1
PALM BAY FL 32905~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **236 S. Wickham Road**
Suite, Apt. #, etc.

2a. Mailing Address

26 **236 S. Wickham Road**
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

09/12/1996

4. FEI Number

59-3402956

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

22 City & State

23 **West Melbourne, FL**

27 City & State

28 **West Melbourne, FL**

24 Zip

32904

Country

USA

29 Zip

32904

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAUTENKRANZ, LAURENCE R

1900 S HARBOR CITY BLVD, #325

MELBOURNE FL 32901

81 Name

Rautenkranz, Laurence R.

82 Street Address (P.O. Box Number is Not Acceptable)

236 S. Wickham Road

83

84 City

West Melbourne,

FL

85 Zip Code

32904

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


(Signature typed in printed name of registered agent and the applicable)

Laurence R. Rautenkranz **2/5/98**

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
RAUTENKRANZ, LAURENCE R
760 TURJ AVE, N.E.
PALM BAY FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
RAUTENKRANZ, DOUGLAS E
1500 VALKARIA ROAD
VALKARIA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS


6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:


LAURENCE R. RAUTENKRANZ **2/5/98** **(407) 722-3323**

CR2E034 (1097)