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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000085368

1. Corporation Name

CYBER TECH INSTITUTE, INC.

Principal Place	e or business	Mailing Addre	55						
6029 MEMORIAL HWY TAMPA FL 33615			6029 MEMORIAL HWY TAMPA FL 33615						
						DO NOT W	RITE IN THIS	SPACE	
						3. Date Incorporated or Qualife	ed		,
						10/14/1996			
2. Principal P	Place of Business	2a. Mailing Ad	ddress			4. FEI Number			Applied For
21		26				59-3408370			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt.	. #, etc.			5. Certifcate of Status Desired		\$8.75	Additional
22		27				3. Certificate of Status Desired		Fee	Required
City & State		City & Sta	City & State			6. Election Campaign Financin	g .	\$5.0	0 мау вё
23		28				Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	_	Country		8. This corporation owes the co	ırrent year in	tangible	
24	25	29	30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of C	urrent Registered Ager	nt			10. Name and Address of Nev	Registered	Agent	
EDO	CT ANNE			81	Name				
FROST, ANNE					Street /	et Address (P.O. Box Number is Not Acceptable)			
6029 MEMORIAL HWY									
IAM	PA FL 33615			83					
				84	City		FL	85 Zi	Code
office or re agent. I a	to the provisions of Sections 607 registered agent, or both, in the Sim familiar with, and accept the co	State of Florida. Such ch	ange was author	rized by	the corpo	corporation submits this statement for the pration's board of directors. I hereby acc	e purpose of ept the appo	changing i intment as	ts registered registered
SIGNATURE									
OIGIATORE	Signature, typed or printed name of registers	ed agent and title if applicable.	(NOTE: Regis	stered Agen	it signature re	equired when reinstating)	→ · DATE		
12.	Signature, typed or printed name of registers OFFICER	ed agent and title if applicable.	<u>~</u>	stered Ager	t signature re	equired when reinstating) ADDITIONS/CHANGES TO C		ND DIRECT	TORS IN 12
		S AND DIRECTORS	Ť		t signature re	· · · · · · · · · · · · · · · · · · ·		ND DIRECT	
12.	OFFICER P	S AND DIRECTORS	DELETE	13.	t signature re	· · · · · · · · · · · · · · · · · · ·			
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12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE	P FROST, ANNE 6029 MEMORIAL HWY TAMPA FL 33615 C	S AND DIRECTORS	DELETE :	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE	ADDRESS	· · · · · · · · · · · · · · · · · · ·		☐ Change	e
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14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of 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 impowered 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 employment.

SIGNATURE: