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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 28 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9700006766 (4)

CYBUS TECHNICAL CORP.

Principal Place of Business		Mailing Address		- I HEDIKADA KAR IBAKI ABAKI OBAHI BERIK DAKKI BAKII	I <b>adită</b> diest eddin alită diet unit
3330 PARKER STREET		3330 PARKER STREET			
MMIS FL 32754		MIMIS FL 32754		DO NOT WRITE IN THIS SPACE	
<u> </u>				3. Date Incorporated or Qualified	
				01/23/1997	
	Place of Business	2a. Mailing Address	D 2	4. FEI Number	Applied For
21	H -1-	26 P.O. BOX 50	60 37 3	59-3420957	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 OLLANDO, FL		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29 32856 30	O GRANIGE	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Currer	it Hegistered Agent	81 Name	10. Name and Address of New Register	red Agent
AMERICANTER CHARLERED				NAT J. FORM N	
343 ALMERIA AVENUE CORAL GABLES FL 33134			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
10	HAL GABLES FL 33134		B3 33.30	O PARKER ST.	
			84 City M	MS	FL 85 Zip Code 32754
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.					
1		\ \/ \	tretun TR	crasues a 4	17/98
	Signature, typed or printed came of registered age OFFICERS AN		ogisterod Agent signature require	red when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS	TE
12.	PĎ	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	FORTIN, THOMAS B	<del></del>	1.2 NAME		
STREET ADDRESS	3330 PARKER STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MiMIS FL 32754		1.4 CITY - ST - ZIP		
TITLE	TĎ	☐ DELETE	2.1 TITLE		Change Addition
NAME	FORTIN, ROBERT J CEO		22 NAME		
STREET ADDRESS	3\$30 PARKER STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIMIS FL 32754	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	FORTIN, EDITH		3.7 TITLE 3.2 NAME		C Onwinde C Montholi
STREET ADDRESS	3330 PARKER STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MMIS FL 32754		3.4. CITY-ST-ZIP		
TITLE	80	DELETE	4.1 TITLE		Change Addition
NAME	FORTIN, JANE A		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	MIMIS FL 32754		4.4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE		רים preceit	6.1 TITLE 6.2 NAME		L. Change L. Mootton
NAME STREET ANORESS			6.2 NAME 6.3 STREET AODRESS		

14. I hereby certify that the information supplied with this filting 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 armual 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 emporation 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 or an after property of the empower of the empo