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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000039952**

1. Corporation Name
CYBERTIDE, INC.

Principal Place of Business
**ONE S.W. 129TH AVENUE
SUITE 301
PEMBROKE PINES FL 33027**

Mailing Address
**ONE S.W. 129TH AVENUE
SUITE 301
PEMBROKE PINES FL 33027**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/05/1997

4. FEI Number

NOT APPLICABLE

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

**GOLDEN, RICHARD A
11900 BISCAYNE BLVD.
SUITE 301
NORTH MIAMI FL 33181**

10. Name and Address of New Registered Agent
81 Name **WILLIAM H. MYONES**
82 Street Address (P.O. Box Number is Not Acceptable)
ONE S.W. 129TH AVE
83 **PEMBROKE PINES**
84 City **FL** 85 Zip Code **33027**

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 **WILLIAM H. MYONES** 1 SW 129th Ave Suite 301 William H. Myones 4-30-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PSD**
STREET ADDRESS **MYONES, ANDREW**
CITY-ST-ZIP **ONE S.W. 129TH AVENUE, SUITE 301
PEMBROKE PINES FL 33027**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **MYONES, WILLIAM H**
CITY-ST-ZIP **ONE S.W. 129TH AVENUE, SUITE 301
PEMBROKE PINES FL 33027**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **MYONES, LINDA F**
CITY-ST-ZIP **ONE S.W. 129TH AVENUE, SUITE 301
PEMBROKE PINES FL 33027**

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

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **HOWARD W MYONES**
1.3 STREET ADDRESS **3451 N 31ST AVE**
1.4 CITY-ST-ZIP **HOLLYWOOD FLA 33021**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **STEVEN M MYONES**
2.3 STREET ADDRESS **3451 N 31ST AVE**
2.4 CITY-ST-ZIP **HOLLYWOOD, FLA 33021**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)