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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000055466 (1)

INTEGRATED CYBERSPACE TECHNOLOGIES INC.

Principal Place of Business

Mailing Address

FILED May 14 1998 8:00am Secretary of State



483 LONGMEADOW LANE LONGWOOD FL 32779		483 LONGMEADOW LANE LONGWOOD FL 32778						
	TE VETTO	CONTONIOUS FE SEITS			DO NOT WRITE	IN THIS SPACE		
					 Date Incorporated or Qualified 06/24/1997 			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number 60, -345484	A	pplied For	
21 407					59-34 39489		ot Applicable	
	eite 213	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	tatus Desired S8.75 Additional Fee Required		
City & Stat	6 kma GI	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 32	779 Country U.S.A.	<u></u>	Countr 30	y y	This corporation owes or has pai Personal Property Tax due June	30. 🗌 Yes 🏻	tangible No	
	Name and Address of Current	Registered Agent		T 51.	10. Name and Address of New Reg	Jistered Agent		
	ACEY, JOHN		81	Name				
483 LONGMEADOW LANE				82 Street Address (P.O. Box Number is Not Acceptable)				
LOI	NGWOOD FL 32779		83	.				
			*3	'				
			84	City		FL 85 Zip	Code	
11. Pursuant office or r soent. La	to the provisions of Sections 607,0502 a egistered agent, or both, in the Stale of im familiar with, and accept the obligation	ind 607.1508, Florida Statutes Florida, Such change was au ons of, Section 607.0505, Flor	s, the abov uthorized b ida Statute	re-named y the corp is.	corporation submits this statement for the proporation's board of directors. I hereby accep	urpose of changing in the appointment as	ts registered registered	
SIGNATURE		JEND STACE				Fe3 5		
SIGNATORE	Signature typed a punto than of togratered agent a	and trie if applicable (NOTE	Registered Ag	ent signature	required when reinstating)	DATE		
12.	OF LICERS AND I	and the second s	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	D OTAGEN JOHN V M	DELLTE	1.1 TITLE		PSCD	Change	Addition	
NAME	STACEY, JOHN V. M		1.2 NAME					
STREET ADDRESS	483 LONGMEADOW LANE		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	LONGWOOD FL 32779	DELETE	1.4 CHTY-	ST - ZIP		T 05	- Addition	
TITLE		DELFTE	2.1 TITLE			L: Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS				1 ADDRESS			1	
CITY-ST-ZIP	**************************************		2. 4 CITY-	ST-ZIP		Change	Addition	
TITLE			3.1 TITLE			L., Citalige	L) Audition	
NAME			3.2 NAME					
STREET ADDRESS				1 ADDRESS			i	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY- 4.1 TITLE	SI-ZIP		☐ Change	Addition	
NAME			4. 2 NAME			onunge		
STREET ADDRESS				T ADDRESS			ŀ	
CITY-ST-ZIP			4.4 CITY-					
TITLE		DELETE	5.1 TITLE	31-211		Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5.4 CITY-					
TITLE		DELETE	6.1 TITLE	E.II		☐ Change	Addition	
NAME			6.2 NAME				_	
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP			6.4 CITY-					
14. I hereby o	certify that the information supplied with	this filing does not qualify for	the exemp	otion state	L ed in Section 119.07(3)(i), Florida Statutes. I (further certify that the	information	
indicatéd officer or	on this annual report or supplemental a	innual report is true and accu- or or trustee empowered to ex-	rate and th	iat my sig	gnature shall have the same legal effect as if s required by Chapter 607, Florida Statutes; a	made under oath; the	allam an	