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 # P97000061160 (2)

CYBERCON SYSTEMS, INC.

Principal Place of Business Mailing Address							
2370 KINGS CREST ROAD 2370 KINGS CREST ROAD							
KISSIMMEE FL 34744 KISSIMMEE FL 34744							DO NOT WRITE IN THIS SPACE
[3. Date Incorporated or Qualified
1							07/15/1997
2. Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For
21		26					59-3457/28 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			Apt. #, etc.				SR 75 Additional
27							5. Certificate of Status Desired Fee Required
City & State City & Sta			State				6. Election Campaign Financing \$5.00 May Be
23							Trust Fund Contribution Added to Fees
Zip	Zip Country Zip			Country		1	8. This corporation owes or has paid the current year Intangible
24	25	29 30		30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	t Registered A	gent				10. Name and Address of New Registered Agent
AMERILAWYER CHARTERED					81	Name	
343 ALMERIA AVENUE				ŕ	82	Street Addr	ress (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134				<u> </u>	Di GOT FIGUR	is to the first for the first	
				[83		
					84	City	85 Zip Code
					**	City	FL 85 Zip Code
SIGNATURE	m lamiliar with, and accept the obligation of th						red when reinstating) DATE
12.	OFFICERS AND	DIRFCTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD		L] DELETE	1.1 TIT	ιĒ		Change Addition
NAME	DALTON, ROBERT P			1.2 NA	ME		
STREET ADDRESS	2370 KINGS CREST ROAD			1.3 STF	REET	ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744			1.4 CIT	Y-S	(T-ZIP	
TITLE	VSD		DELETE	2.1 TIT	LE		☐ Change ☐ Addition
NAME	DALTON, CATHERINE J			2.2 NA	ME	1	
STREET ADDRESS	2370 KINGS CREST ROAD			2.3 STI	REET	ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL 34744		2. 4 CI	TY-S	ST-ZIP		
TITLE			DELETE	3 1 TIT	LE		Change Addition
NAME				3.2 NA	ME		
STREET ADDRESS				3.3 STI	AEE F	ADDRESS	
CITY-ST-ZIP			,	3.4. CIT	Y-S	ST-ZIP	
TITLE			DELETE	4.1 TITI	LE		Change Addition
NAME				4. 2 NA	ME		
STREET ADDRESS				4.3 STF	REET	ADDRESS	
CITY-ST-ZIP			F-1	4.4 CIT		.T- ZIP	
TITLE			DELETE	5.1 T(T)	LE		☐ Change ☐ Addition
NAME				5.2 NA	ME		
STREET ADDRESS				5.3 STF	REET	ADDRESS	
CITY-ST-ZIP				5.4 CIT	Y - S	T-ZIP	
TITLE			DELÉTE	61 TITI	LE		☐ Change ☐ Addition
NAME				6.2 NAI			
STREET ADDRESS	li			6.3 STF	REET	ADDRESS	

14. Thereby 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.

6.4 CITY-ST-ZIP

4/11/20

FILED

Apr 15 1998 8:00am

Secretary of State