Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90070 011 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700068020

1, Corporation Name

CYBER CATHEDRAL ONLINE SERVICES INC.

		,								
Principal Place of Business Mailing Address							[01101 9111 05112	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
214 SPARROW	DRIVE	214 SPARROW DRIV	SPARROW DRIVE					•		
#2			1 51 00444			l	DO NOT WRITE IN THIS SPACE			
ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 3341							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
	•						08/06/1997			
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number	A	oplied For	
26							NOT APPLICABLE	No	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired		Additional	
27							d, contribute of oractio position		equired	
City & State City & State				. Jirk waara aa 🙃			6. Election Campaign Financing	•	May Be	
23 28				Country			Trust Fund Contribution		to Fees	
Zip Country Zip			30	-, ·			8. This corporation owes the current year Intangible Personal Property Tax.			
24	9. Name and Address of Curre	29 29 Agent	[30]	ſ			10. Name and Address of New Registered			
	g, Italile and Address of Cult	THE PERSON ASSESSED TO		81	Name					
BAIL	EY, HAROLD			82	Chanas	******	ss (P.O. Box Number is Not Acceptable)			
214 SPARROW DRIVE				82	Street	Addres	SS (F.O. BOX Nulliber is Not Acceptable)			
#2				83						
ROY	'AL PALM BEACH FL 33411			84	City			85 Zip	Code	
							<u> </u>	- `	_	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida	Statutes, the a	bove	e-named	corpor	ation submits this statement for the purpose of source of directors. I hereby accept the appoint	changing its	registered egistered	
agent. I a	ations of, Section 607.050	5, Florida Stati	Statutes.			s Board of directors it horses, decopt and appro-	1 10	35		
SIGNATURE	N// Sall NX						<u>reb</u>	<u> </u>	(/	
		ent and title if applicable.	(NOTE: Registered	Agen	nt signature r	equired w	ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECT	ODC IN 12	
12.	P AND OFFICERS TA	ND DIRECTORS	DELETE 1.1 π			1	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition	
NAME	BAILEY, HAROLD								_	
STREET ADDRESS	AAAA ODADDOM DDME				ADDRESS					
CITY-ST-ZIP	ROYAL PALB BEACH FL 33411			1.4 CITY-ST-ZIP					,	
TITLE				2.1 TITLE			2111	☐ Change	Addition	
NAME	22			2.2 NAME Ben			gilynn Williams =2 sparnow Dr. val Valm Beach .Fl. 33			
STREET ADDRESS	2.			2.3 STREET ADDRESS			39 Starton Dr.	ted		
CITY-ST-ZIP			2.4 C	лу-\$	T-ZIP	Ray	val Palm Beach, Fl. 33	<u>411 </u>		
TITLE		D <u>E</u> LE	TE 3.1 π	TLE -	ميرد .		المستقد كالمرابع فللمراج فيمت المرازان	Change	- Addition	
NAME			3.2 N	ME					ľ	
STREET ADDRESS			3.3 \$7	REET	ADORESS				3	
CITY-ST-ZIP			3.4. C		T-ZIP				Addition	
TITLE		☐ DELE						Change	[_] Addition	
NAME			4. 2 N							
STREET ADDRESS					r address		•			
CITY-ST-ZIP		☐ DELE	4.4 CI		T-ZIP			Change	☐ Addition	
TITLE			TE 5.1 TI 5.2 N					\$95	Land Franciscon	
NAME	,				T ADDRESS					
STREET ADDRESS	•		5.4 CI						İ	
CITY-ST-ZIP		☐ DELE				 		☐ Change	Addition	
TITLE	,		6.2 N					_ •	_	
NAME STREET ADDRESS					TADDRESS	1				
	1									

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 chapted, or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP