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 # P97000074609 (3)

CYBERDRAGONNE DESIGNS, INC.

FILED May 18 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | | | T SA DISABOL LAN UNITER SEDAL DESIL DESIL ANDS AND SES LANDIS MININ BASIN LAST (RED LAST IRE) | |
|--|-----------------------------------|--------------------------------|----------------|---------------------------------|---|------------------------|---------------|---|---|
| 2780 E FOWLER AVE - BOX #166 TAMPA FL 33612-8297 | | | | | 2780 E FOWLER AVE - BOX #166 TAMPA FL 33612-6297 | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | | | | 3. Date Incorporated or Qualified |
| | | | | | | | | | 08/27/1997 |
| 2. Principal Place of Business | | | | | 2a. Mailing Address | | | | 4. FEI Number Applied For |
| 21 | | | | | 26 | | | | 65 - 0 778 142 Not Applicable |
| Suite, Apt. #, etc. | | | | 27 | | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| City & State | | | | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | | | | 28 | | | | Trust Fund Contribution Added to Fees |
| Zip | Country | | | | Zip Country | | | | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 Same and Address of Current F | | | | 29 30 | | | | Personal Property Tax due June 30. Yes No |
| | | | IESS OI CUIT | ent negister | ed Agent | | 81 | Name | 10. Name and Address of New Registered Agent |
| | VESQUE, AM | | | | | | | INGILIO | ZUNK, AMY R. |
| 2780 E FOWLER AVE - BOX #166 | | | | | | | | | ddress (P.O. Box Number is Not Acceptable) |
| TAI | MPA FL 336 | 12-6297 | | | | | 83 | <u> 279</u> | 80 E. FOWLER AVE BOX # 166 |
| | | | | | | | 83 | | |
| | | | | | | | 84 | City_ | AmpA FL 85 Zip Code 33612 |
| 11. Pursuant | to the provision | ons of Sec | ctions 607 0 | 502 and 607 | 1508, Florida Statut | os, the a | DOVE | e-named co | corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered |
| office or r | registered age ım familiar wil | ent, or bo b, and ac | th, in the Sta | te of Florida Idaliens of, S | -Such change was Section 607.0505, FI | authorize orida Sta | a by tutes | the corpor S. | oration's board of directors. I hereby accept the appointment as registered |
| agent, I am familiar with, and account the objections of, Section 607.0505, Florida Statutes. Signature Signature for the terminal agent and the inapplicable (NOTE Registered Agent spature required when reinstalling). OATE | | | | | | | | | |
| 12. | - 1 | 1 | OFFICERS A | ND DIRECTO | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | Pres | 1040 | 1+ | | DELETE | 1.1 11 | TLE | | Change Addition |
| NAME | Am. | 1 R | . 20 | wk - | | 1.2 N | AMÉ | 1 | |
| STREET ADDRESS | 278 | OE. | foul & | R AVE | Born 166 | 1.3 \$ | TREET | ADDRESS | |
| CITY-ST-ZIP | TAN | nOA. | F1 3 | 3612 | | 1 4 C | ITY-\$1 | T - ZIP | |
| TITLE | | | | | DELETE | 211 | TLE | | Change Addition |
| NAME |] | | | | | 22 N | AME | j | |
| STREET ADDRESS | | | | | | 2.3 S | TREET | ADDRESS | |
| CITY-ST-ZIP | | | | | | 2.40 | IIV-S | ST-ZIP | |
| TITLE | | | | | DELETE | 3.1 TI | TLE | | ☐ Change ☐ Addition |
| NAME | | | | | | 3.2 N | AME | | |
| STREET ADDRESS | | | | | | 3.3 \$ | IREET | ADDRESS | İ |
| CITY+ST-ZIP | | | | | | 3.4. 0 | ITY-S | 1-7P | |
| TITLE | | | | | DELETE | 4.1 11 | TLE | | ☐ Change ☐ Addition |
| NAME | | | | | | 4.2 N | AME | | |
| STREET ADDRESS | | | | | | 4.3 S | TREE1 | ADDRESS | |
| CITY-ST-ZIP |] | _ | | | | 4.4 CI | TY-SI | T · ZIP | |
| TITLE | | | | | DELETE | 5171 | TLE | | ☐ Change ☐ Addition |
| NAME | | | | | | 52 N | AMÉ | | |
| STREET ADDRESS | | | | | | 5.3 S | TREET | ADDRESS | |
| CITY-ST-ZIP | | | | | | 5.4 CI | 11Y-S1 | T-ZIP | |
| TITLE | -\ | | | | DELETE | 6.1 Ti | | | Change Addition |
| NAME | | | | | | 6.2 N | AME | J | |
| STREET ADDRESS | | | | | | 6.3 S1 | TREET | ADDRESS | |
| CITY-ST-ZIP | | | | | | | ITY-SI | | |

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 supplemented 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 of the receiver or truestee 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.

U/20/08 012-989-195