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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P98000043169

1. Corporat on Name

CYBERQUEST GROUP, INC.

0,02								
Principal Place of Business Mailing Address						t thatean is district answers where some a	Piri digas imer ilere s	J. 110 1011 1001
2001 SIESTA DRIVE <del>3RD-FLOOR</del> 2001 SIESTA DRIVE <del>3RD-F</del> I			FLOOR		ĺ			
SARASOTA FL 34239 SARASOTA FL 34239						DO NOT WRITE IN T	HIS SPACE	
					-	3. Date Incorporated or Qualifed	- INSTANCE	
					- 1	05/13/1998		
2 Principal P	lace of Business	2a. Mailing Address		<del> </del>	+	4. FEI Number	Apr	otied For
21 26					1	65-0899977	Not	Applicable
Suite, Art. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 A	
22 20d Flore 27 20d F1			1000			5. Certificate of Status Desired	Fee Red	quired
City & Stat	<del>/</del>	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Count	У		8. This corporation owes the current year	Intangible	[BNo
		29	<u> </u>			Person al Property Tax.		Lauo
	9. Name and Address of Current	Registered Agent	8	1 Name		10. Name and Address of New Register	en Agent	
OICE	DOUGLAS M		l°	IVallie				
SIEB, DOUGLAS M 240 NORTH WASHINGTON BLVD. STE. 200			8	2 Street A	eart b	diress (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34236			8	-				
Onit	A001A 1 E 04200			٦				
			8	4 City			85 Zip C	ode
44 5	4 Davidson 607 0500	and 607 1500 Florida Statu	oc the abo	ve-pamed c	CO TROPS	ation submits this statement for the purpose	e of changing its i	registered
office or r	registered agent, or both, in the State or im familiar with, and accept the obligati	। Florida. Such change was १	iutnorizea d	y tne corpoi	ration'	's board of directors. I hereby accept the ap	эрэintment as reg	jistered
SIGNATURE		and title if our shoot le	Pagistared Ar	ent suggettive rec	ou red w	when reinstating) DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	en agriculo io		ADDITIONS/CHANGES TO OFFICERS		FS IN 12
TITLE	President, Szcretary		1 1 TITLE				Change	Addition
NAME	Mark E. Gray 2001 Siesta Pr., Third flow		1.2 NAM	1.2 NAME				
STREET ADDRESS	2001 Siesta Pr., Th	ire flow	1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	Sarasota FL 34239		1.4 CITY	1.4 CITY-ST-ZIP				
TITLE		DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME			2.2 NAMI	:				
STREET ADDRESS			2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	ST-ZIP		2. 4 CITY	2. 4 CITY-ST-ZIP				
TITLE	☐ DELETE		3.1 TITLE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAMI					
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY	3.4. CITY-ST-ZIP				
TITLE	☐ DELETE		4 1 TITLE	4 1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAM	E				
STREET ADORE 3S			4.3 STR	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY				C) Charter	- Addition
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAM					
STREET ADDRESS				5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				
CITY OT 7ID			5.4 CITY	ST-ZIP				

14. Herety certify that the informa ion 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 apacityment with an approximation of the receiver 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 apacityment with an approximation of the receiver 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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90285 002 \*\*\*150.00

CR2E034 (11/98)

Addition