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May 08, 1999 8:00 am
Secretary of State

05-08-1999 90052 011 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000047279

1. Corporation Name
CYBERBOLD, INC.



Principal Place of Business
15875 SW 3RD COURT, #204
PEMBROKE PINES FL 33027

Mailing Address
15875 SW 3RD COURT, #204
PEMBROKE PINES FL 33027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1998

4. FEI Number

65-0842614

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. UNKNOWN - ☐ Yes ☐ No

SEE REPORT

2. Principal Place of Business

21 3475 SHERIDAN ST

Suite, Apt. #, etc.

22 #211

City & State

23 HOLLYWOOD FL

Zip

24 33021

Country

25 BROWARD

2a. Mailing Address

26 3475 SHERIDAN ST

Suite, Apt. #, etc.

27 #211

City & State

28 HOLLYWOOD FL

Zip

29 33021

Country

30 BROWARD

9. Name and Address of Current Registered Agent

GROSSMAN, MARK
BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DRIVE, SUITE 100
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

DEBORAH HIRSHBERG

82 Street Address (P.O. Box Number is Not Acceptable)

3475 SHERIDAN ST #211

83

84 City

HOLLYWOOD

FL

85 Zip Code

33021

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Deborah L. Hirshberg

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/20/99

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
HIRSHBERG, DEBORAH
15875 SW 3RD COURT, #204
PEMBROKE PINES FL 33027

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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STREET ADDRESS
CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT/CEO

1.2 NAME

DEBORAH L. HIRSHBERG

1.3 STREET ADDRESS

3475 SHERIDAN ST #211

1.4 CITY-ST-ZIP

HOLLYWOOD FL 33021

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deborah L. Hirshberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

Date

951-964-8900

Daytime Phone #

CR2E034 (11/98)