03101999-90202-016-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000092979

CYDSTER CORP.

FILED Mar 10, 1999 8:00 am **Secretary of State**

03-10-1999 90202 016 ***150.00

Principal Place of Business Malling Address 131 1ST STREET EAST #101 131 1ST STREET EAST #101 TIERRA VERDE FL 33715 TIERRA VERDE FL 33715 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 11/02/1998 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country This corporation owes the current year Intangible
Personal Property Tax. 2中 Country Zio Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WINKLE, PAUL J Street Address (P.O. Box Number is Not Acceptable) 131 1ST STREET EAST #101 TIERRA VERDE FL 33715 83 Cltv Zip Code 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. ture, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 1 1 TITLE PRESIDENT TITLE CR2E034 PAUL J. WINKLE 12 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 131 1ST STE #101 1,4 CITY-ST-ZIP TIERRA VERDE, AL CITY-ST-ZP Addition ☐ Change OFI FTE me 2.1 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP Change _ _ Addition DELETE-4.1 TITLE ** TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Chance ∏ Addition DELETE 51 TMLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ Change DELETE TILE R 2 NAME NAME 8.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with his fijing 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 eath; that I am an officer or director of the corporation or the receiver or director of the corporation or the receiver of the corporation of the receiver of the corporation or the receiver of the corporation or the receiver of the corporation of the receiver of t report is true and accurate and that my signature shall have the s rustee empowered to execute this report as required by Chapter 6 with an address, with all other like empowered.

SIGNATURE: