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 # S93160 1. Corporation Name

CYRIX ENGINEERING, INCORPORATED

-					
Principal Place	e of Business	Mailing Address			
5887 WHITFIELD	D AVENUE	5887 WHITFIELD AVENUE			j.6
SARASOTA FL 34243		SARASOTA FL 34243			DO NOT WRITE IN THIS SPACE
US		US			Date Incorporated or Qualifed
					11/12/1991
2 Dringing P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
¬ `	ace of business	26			65-0298532 Not Applicable
Suite, Apt.	# atc	Suite, Apt. #, etc.			\$8.75 Additional
	<i>m</i> , 810.	27			5. Certifcate of Status Desired Fee Required
City & Stat	e	City & State			6. Election Campaign Financing S5.00 May Be
23	•	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year Intangible
24	25 29		30		Personal Property Tax.
24	9. Name and Address of Currer				10. Name and Address of New Registered Agent
			8	1 Name	
PRIV	ETTE, J. MARK				, Aller (D.O. Day Number in New Assessments)
8033 TIMBERLAKE LANE			82	Street	t Address (P.O. Box Number is Not Acceptable)
SAR	ASOTA FL 34243		8:	3	
			8-	4 City	FL 85 Zip Code
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autations of, Section 607.0505, Flori	ithorized b ida Statute	y the corposes.	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered age			ant signature n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ND DIRECTORS	13.	-	ADDITIONS/CHANGES TO GYTICERS AND BIRESTORIS IN TE
TITLE	PD	_ beleve			
NAME	PRIVETTE, J. MARK		1.2 NAME		•
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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.

6.4 CITY- ST-ZIP

SIGNATURE:

3 MAR 99 (941) 358-8812

FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90106 049 ***150.00