

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **V34498**  
Corporation Name  
**CRYPHON GROUP INTERNATIONAL, INC.**

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**

09-07-1999 90007 008 \*\*\*558.75

012810 - 90007 - 8



Principal Place of Business  
**GENERAL AVIATION DR.  
BOURNE FL 32935**

Mailing Address  
**1383 GENERAL AVIATION DR.  
MELBOURNE FL 32935**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
25		29	30
3. Date Incorporated or Qualified <b>05/01/1992</b>		4. FEI Number <b>59-3119910</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST SUITE 105 TALLAHASSEE FL 32301		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
ET ADDRESS	PDVS OLTRAMARE, MARC E. 2085 N HWY A1A INDIALANTIC FL	1.1 TITLE	PDVS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP		1.2 NAME	OLTRAMARE, MARC E.		
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	6925 SOUTH TROPICAL TRAIL		
		1.4 CITY-ST-ZIP	MERRITT ISLAND FL 32952		
ET ADDRESS	D GAUTIER, RENAUD 4, RUE JEAN PETIFOT CH-1204 GENEVA, SWITZERLAND	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP		2.2 NAME			
	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS			
		2.4 CITY-ST-ZIP			
ET ADDRESS	S BLESSING, JAMES 1383 GENERAL AVIATION DR MELBOURNE FL 32935	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP		3.2 NAME			
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS			
		3.4 CITY-ST-ZIP			
ET ADDRESS		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP		4.2 NAME			
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS			
		4.4 CITY-ST-ZIP			
ET ADDRESS		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP		5.2 NAME			
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS			
		5.4 CITY-ST-ZIP			
ET ADDRESS		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP		6.2 NAME			
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS			
		6.4 CITY-ST-ZIP			

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.

GNATURE:

**SIGNATURE REQUIRED**

9/1/99

(407) 253-0622

CR2E034 (5/99)