

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).

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

09-07-1999 90007 048 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # J74030 ✓  
 Corporation Name

CYANOSTAR ENERGY, INC.



Principal Place of Business: 2 EIGHTH AVENUE SOUTH, NAPLES FL 33940  
 Mailing Address: 427 SOUTH BOSTON, #1703, TULSA OK 74103

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
26		26		05/20/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
27		27		65-0127115	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GARMAKER, RICHARD E 312 EIGHTH AVENUE SOUTH NAPLES FL 33940				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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		OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
E	D	GARMAKER, RICHARD E 312 EIGHTH AVENUE SOUTH NAPLES FL		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E	P	GARMAKER, STUART J 427 S BOSTON S-1703 TUSLA OK 74103		1.2 NAME	
E				1.3 STREET ADDRESS	
E				1.4 CITY-ST-ZIP	
E				2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E				2.2 NAME	
E				2.3 STREET ADDRESS	
E				2.4 CITY-ST-ZIP	
E				3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E				3.2 NAME	
E				3.3 STREET ADDRESS	
E				3.4 CITY-ST-ZIP	
E				4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E				4.2 NAME	
E				4.3 STREET ADDRESS	
E				4.4 CITY-ST-ZIP	
E				5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E				5.2 NAME	
E				5.3 STREET ADDRESS	
E				5.4 CITY-ST-ZIP	
E				6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E				6.2 NAME	
E				6.3 STREET ADDRESS	
E				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.

SIGNATURE: *Stuart J. Garmaker* (Stuart J. Garmaker) 9/3/99 (918) 582-2069

CR2E034 (5/99)