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FILED

May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000013513 (2)

1. Corporation Name
CYBERPLAN, INC.



Principal Place of Business: 249 PERUVIAN AVENUE, SUITE 2 PALM BEACH FL 33480
Mailing Address: 249 PERUVIAN AVENUE, SUITE 2 PALM BEACH FL 33480-4635

3. Date Incorporated or Qualified: 02/13/1996
3a. Date of Last Report
4. FEI Number: 65-0640241
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip
24 Country
2a. Mailing Address
26 Suite, Apt #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Cooney Ward, Lesher & Damon PA.
82 Street Address (P.O. Box Number is Not Acceptable): 1555 Palm Beach Lakes Blvd
83 Suite 1000
84 City: West Palm Beach, FL
85 Zip Code: 33401

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: Dale A. Koenigsberg, Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD
NAME: TOLLEY, BARBARA
STREET ADDRESS: 249 PERUVIAN AVENUE, SUITE 2
CITY-ST-ZIP: PALM BEACH FL 33480
[] DELETE
TITLE: VD
NAME: LASHOBER, JOE
STREET ADDRESS: 249 PERUVIAN AVENUE, SUITE 2
CITY-ST-ZIP: PALM BEACH FL 33480
[] DELETE
TITLE: VSTD
NAME: TOLLEY, BRAD L
STREET ADDRESS: 249 PERUVIAN AVENUE, SUITE 2
CITY-ST-ZIP: PALM BEACH FL 33480
[] DELETE
TITLE: D
NAME: ROBERTSON, KEN
STREET ADDRESS: 249 PERUVIAN AVENUE, SUITE 2
CITY-ST-ZIP: PALM BEACH FL 33480
[] DELETE
[] DELETE
[] DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
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14. I do 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: Barbara J. Tolley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97 561-832-2700
Date Daytime Phone #

CR2E034 (9/96)