

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000011798 (0)
 1. Corporation Name
CYBEAR, INC.



Principal Place of Business 4001 SOUTHWEST 47TH AVENUE SUITE 201 FORT LAUDERDALE FL 33314	Mailing Address 4001 SOUTHWEST 47TH AVENUE SUITE 201 FORT LAUDERDALE FL 33314
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/05/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0736615	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
LODIN, SCOTT
4001 SOUTHWEST 47TH AVENUE SUITE 201
FORT LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title, if applicable (NO 11 Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Alan P. Cohen
1.3 STREET ADDRESS	4001 SW 47th Avenue
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314
2.1 TITLE	VP/D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Scott Lodin
2.3 STREET ADDRESS	4001 SW 47th Avenue
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314
3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Angelo C. Malahias
3.3 STREET ADDRESS	4001 SW 47th Avenue
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314
4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Christian Boswell
4.3 STREET ADDRESS	4001 SW 47th Avenue
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314
5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jerry Cazzell
5.3 STREET ADDRESS	4001 SW 47th Avenue
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314
6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Todd MacLeod
6.3 STREET ADDRESS	4001 SW 47th Avenue
6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314

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 as an attachment with an address.

SIGNATURE: *Scott Lodin* 4/17/98 954-584-0300

CR2E034 (10/97)