

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.	22 City & State	23 Zip	24 Country	25	26
27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country	31	32
4. FEI Number 65-0736615				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	
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 FL				86 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 (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Alan P. Cohen
STREET ADDRESS		1.3 STREET ADDRESS	4001 SW 47th Avenue
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP/D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Scott Lodin
STREET ADDRESS		2.3 STREET ADDRESS	4001 SW 47th Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Angelo C. Malahias
STREET ADDRESS		3.3 STREET ADDRESS	4001 SW 47th Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Christian Boswell
STREET ADDRESS		4.3 STREET ADDRESS	4001 SW 47th Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Jerry Cazzell
STREET ADDRESS		5.3 STREET ADDRESS	4001 SW 47th Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33314
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Todd MacLeod
STREET ADDRESS		6.3 STREET ADDRESS	4001 SW 47th Avenue
CITY-ST-ZIP		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:  4/13/98 914-584-0300

CR2E034 (10/97)