FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 199~~4~~5

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 15 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
RYBER, INC.

DOCUMENT #
374803 (5)

Mailing Address	Principal Place of Business
U.S. HIGHWAY 1 AND PETTWAY AVENUE P.O. BOX 531 HOBE SOUND FL 33475-0531	U.S. HIGHWAY 1 AND PETTWAY AVENUE P.O. BOX 531 HOBE SOUND FL 33475-0531

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address	2a. Principal Place of Business
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 12/29/1970
3a. Date of Last Report: 06/02/1993
4. FEI Number: 59-1317573 ☐ 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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SELBY, PHILIP F. 7969 RIVERS EDGE RD. JUPITER FL 33458	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE ______ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P	1.1 TITLE	
1.2 NAME	SELBY, PHILIP F.	1.2 NAME	
1.3 STREET ADDRESS	7969 RIVERS EDGE RD	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	
2.1 TITLE	V/P	2.1 TITLE	
2.2 NAME	TURNER, HUGH A.	2.2 NAME	
2.3 STREET ADDRESS	103 FLORIDA AVE.	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	900001431879
3.2 NAME		3.2 NAME	-03/16/95--01088--002
3.3 STREET ADDRESS		3.3 STREET ADDRESS	****200.00 ****200.00
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	3-15-95 MS
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] HUGH A. TURNER 2/20/95 407 287.8090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #