FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthami Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

827021

FILED Apr 27, 1996 08:00 AM **Secretary of State**

CYBE	rnetics & systems, inc				
Principal Place c	of Business	Making Address		1 16010F (Q100 A1311 APRIL PRIL 181	801 1196 81811 81811 81811 81811 81811 61811 1981
550 WATER S/C J 160 JACKSONVI US	ST. LLE FL 32202	500 Water St., S/C J-1 S/C J 160 Jacksonville FL 32202 US		3. Date Incorporated or Qualified 11/10/1971	3a. Date of Last Report 05/01/1995
2. Principal Plac	ee of Business	2a. Mailing Address		4. FEENumber	Applied For
21		26 500 Water St.		61-0678576	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27 S/C J-160			Fee Required
City & State		City & State	FI	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Jacksonville.	Country	8. This corporation has liability for in	
24	25	29 32202 30			□No See note below
	9. Name and Address of Current	Registered Agent	' J ,	10. Name and Address of New Re	egistered Agent
			NOTE:	This company is inclu	ded in a consoli-
	ra, patricia j		82 Street Add	dress (P.O. Box Number is Not Acceptable	e)
	ATER STREET, 14TH FLOOR		dated 83	intangible personal p	roperty tax return
, JACKS	ONVILLE FL 32202		filed	on behalf of CSX Corp	oration and consol-
			84 City	affiliates, FEIN 62-	1.0 95 b 7 1
11. Pursuant to	the provisions of Sections 607.0502 a	and 607.1508, Florida Statutes, th	e above-named corpo	oration submits this statement for the our	pose of changing its registered office
or registere	d agent, or both, in the State of Florida i, and accept the obligations of, Sectio	 Such chance was authorized by 	the corporation's ho	ard of directors. I hereby accept the appo	pintment as registered agent. I am
SIGNATURE	, chi doce, the obligations of costs				
s	lgoature. I pood or printed itable of registered age of a		gisterio Agent signal interequi		DATE
12.	OFFICERS AND	DIRECTORS DELETE	/ 13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change X Addition
TITLE NAME	PD Sekely, G F	W ithten A	-	ndrews, J. F.	Change Routton
STREET ADDRESS	500 WATER STREET		1	00 Water Street	
CITY-S1-ZIP	JACKSONVILLE FL			acksonville, FL 3220	12
TITLE	VPS	□ DELETE		VP	Change K Addition
NAME	AFTOORA, P.J.		2.2 NAME]	Dykstra, M. P.	
STREET ADDRESS	500 WATER STREET		2 3 STREET ADDRESS	550 Water Street	
CHTY-ST-ZIP	JACKSONVILLE FL		2.4 CiTy - ST - ZIP	Jacksonville, FL 322	02
TITLE	VPD	☐ DELETE		v	Change 🙀 Addition
NAME	Larizza, r D		3 2 NAME]	Blumenfeld, A. P.	
STREET ADDRESS	550 WATER ST			550 Water Street	
CITY - ST - ZIP	JACKSONVILLE FL	EX Circu		Jacksonville, FL 322	
THTLE	VPD	⊠ DELEŒ	4 11015		Change Addition
NAME	Andrews, J F 550 Water Street		4.2 NAME	60000179	98576
STREET ADDRESS	JACKSONVILLE FL		4.3 STREET ADDRESS : 4.4 CHY STEZIP :	-04/29/96010	041049
CITY-S1-ZIP TITLE	T	DELETE	5 1 1 ii LE	·***200.00	Change 🔼 Addition
NAME	SPARROW, W H	E.J *** **		age, M.E.	
STREET ADDRESS	901 E CARY ST, ONE JAME	ES CTR		50 Water Street	
CITY-ST-ZIF	RICHMOND VA			acksonville, FL 32202	2
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		52/07
STREET ADDRESS			6.3 STREET ADDRESS		74.00

64 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 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 13 if changed, or on an all adhirment with an address.

SIGNATURE:

February 12, 1996 (904) 366-4242