FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jan 26 1996 8:00 am
Secretary of State

DOCUMENT # P93000062604 (2)

1. Corporation Name
CYBERGATE, INC.

Principal Place of Business	Mailing Address
1301 W NEWPORT CTR. DR DEERFIELD BCH FL 33442 US	1301 W NEWPORT CTR. DR DEERFIELD BCH FL 33442 US

3. Date Incorporated or Qualified: 09/02/1993
3a. Date of Last Report: 03/14/1995
4. FEI Number: 65-0426687 — ☐ 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BENHAM, THOMAS R
1301 WEST NEWPROT CENTER DRIVE
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 reinstating — DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PDTS	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	BENHAM, THOMAS R		1.2 NAME
STREET ADDRESS	1560 NW 13TH AVE		1.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	SULLIVAN, DANIEL J		2.2 NAME
STREET ADDRESS	1560 NW 13TH AVE		2.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL 33486		2.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	VAN ARNEM, HAROLD L		3.2 NAME
STREET ADDRESS	1301 WEST NEWPORT CENTER DRIVE		3.3 STREET ADDRESS
CITY-ST-ZIP	DEERFIELD BEACH FL		3.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	MCKNIGHT, N. P		4.2 NAME
STREET ADDRESS	1301 WEST NEWPORT CENTER DRIVE		4.3 STREET ADDRESS
CITY-ST-ZIP	DEERFIELD BEACH FL		4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
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 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: ______ 1/18/96 954-428-4283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Thomas R. Benham

CR2E034 (12/95)