

9-19-97 8414-C  
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 19 1997 8:00am  
Secretary of State

DOCUMENT # P93000062604 (2)

1. Corporation Name  
CYBERGATE, INC.



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

Mailing Address  
1301 W NEWPORT CTR. DR  
DEERFIELD BCH FL 33442  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/02/1993		01/26/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0426687		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		24		25	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

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  
Floyd Self, Esq.  
215 South Monroe Street  
Tallahassee FL 32302

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 *Floyd Self* **Floyd Self, Esq.** 9-16-97  
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	1.1 TITLE	P
NAME	BENHAM, THOMAS R	1.2 NAME	Thomas Benham
STREET ADDRESS	1560 NW 13TH AVE	1.3 STREET ADDRESS	1301 West Newport Center Dr.
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	D	2.1 TITLE	D & CEO
NAME	SULLIVAN, DANIEL J	2.2 NAME	Jack E. Reich
STREET ADDRESS	1560 NW 13TH AVE	2.3 STREET ADDRESS	131 National Bus. Pkway, Ste. 100
CITY-ST-ZIP	BOCA RATON FL 33486	2.4 CITY-ST-ZIP	Annapolis Junction, MD 20701
TITLE	D	3.1 TITLE	COO
NAME	VAN ARNEM, HAROLD L	3.2 NAME	Jeffrey Rubenstein
STREET ADDRESS	1301 WEST NEWPORT CENTER DRIVE	3.3 STREET ADDRESS	1301 West Newport Center Dr.
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
TITLE	D	4.1 TITLE	CFO
NAME	MCKNIGHT, N. P	4.2 NAME	David L. Piazza
STREET ADDRESS	1301 WEST NEWPORT CENTER DRIVE	4.3 STREET ADDRESS	131 National Bus. Pkway., Ste. 100
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP	Annapolis Junction, MD 20701
TITLE		5.1 TITLE	S
NAME		5.2 NAME	Riley M. Murphy
STREET ADDRESS		5.3 STREET ADDRESS	131 National Bus. Pkway., Ste. 100
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Annapolis Junction, MD 20701
TITLE		6.1 TITLE	D
NAME		6.2 NAME	Christopher L. Rafferty
STREET ADDRESS		6.3 STREET ADDRESS	131 National Bus. Pkway., Ste. 100
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Annapolis Junction, MD 20701

14. I do 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 on an attachment with an address.

SIGNATURE *David L. Piazza* **David L. Piazza** CEO 9/12/97 301/617-

CR2E034 (4/97)