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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

• CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P94000054633 (0)

1. Corporation Name
CYBERART, INC.

Principal Place of Business	Mailing Address
~~88 RIBERIA ST. 160~~ ~~ST AUGUSTINE FL 32084~~	~~88 RIBERIA ST. 160~~ ~~ST AUGUSTINE FL 32084~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/21/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 4241 BAYMEADOWS RD	26 4241 BAYMEADOWS RD
Suite, Apt. #, etc. 22 # 17	Suite, Apt. #, etc. 27 # 17
City & State 23 JACKSONVILLE FL	City & State 28 JACKSONVILLE FL
Zip 24 32217 / Country 25 DUVAL	Zip 29 32217 / Country 30 DUVAL

4. FEI Number: 59-3254374 ☐ 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

9. Name and Address of Current Registered Agent

~~REES, BRIAN J~~
~~88 RIBERIA ST. 160~~
~~ST AUGUSTINE FL 32084~~

10. Name and Address of New Registered Agent

81 Name: REES, BRIAN J
82 Street Address (P.O. Box Number is Not Acceptable)
83: 4241 BAYMEADOWS RD #17
84 City: JACKSONVILLE FL 85 Zip Code: 32217

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	REES, BRIAN J	1.2 NAME	
STREET ADDRESS	~~88 RIBERIA ST, 160~~	1.3 STREET ADDRESS	4241 BAYMEADOWS RD #17
CITY-ST-ZIP	~~ST AUGUSTINE FL 32084~~	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32217
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	REES, KAY	2.2 NAME	
STREET ADDRESS	~~88 RIBERIA ST, 160~~	2.3 STREET ADDRESS	4241 BAYMEADOWS RD #17
CITY-ST-ZIP	~~ST AUGUSTINE FL 32084~~	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32217
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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)(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: B.J. Rees BRIAN J. REES 01-14-95 904-731-2555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006107 CP