

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Moxworth
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000078848 (6)

1. Corporation Name

CYBERNETIC EVALUATION, INC.

APPROVED
AND
FILED

95 MAY -1 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address

4891 N.W. 103 AVE.
SUITE 17
SUNRISE FL 33351

Mailing Address

4891 N.W. 103 AVE.
SUITE 17
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/26/1994

3a. Date of Last Report

4. FEI Number

65-0527709

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. Does corporation have a liability for information by section 5, 100.0142
Florida Statutes. ☐ Yes ☒ No

2. Principal Office Address

21. State Apt. #

22. City & State

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9. Name and Address of Current Registered Agent

MASON, ROBERT M JR
4891 N.W. 103 AVE.
SUITE 17
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81. Name

82. Street Address (if P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to execute this statement for the purpose of filing the foregoing report with the Secretary of State, and that I am duly qualified to execute this statement for the purpose of filing the foregoing report with the Secretary of State.

SIGNATURE

OFFICERS AND DIRECTORS

PD
MASON, ROBERT M JR
10971 W. BROWARD BLVD.
PLANTATION FL 33324

ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1995

12. OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
1. NAME	1. STREET ADDRESS	1. CITY	1. STATE	1. ZIP CODE
2. NAME	2. STREET ADDRESS	2. CITY	2. STATE	2. ZIP CODE
3. NAME	3. STREET ADDRESS	3. CITY	3. STATE	3. ZIP CODE
4. NAME	4. STREET ADDRESS	4. CITY	4. STATE	4. ZIP CODE
5. NAME	5. STREET ADDRESS	5. CITY	5. STATE	5. ZIP CODE
6. NAME	6. STREET ADDRESS	6. CITY	6. STATE	6. ZIP CODE
7. NAME	7. STREET ADDRESS	7. CITY	7. STATE	7. ZIP CODE
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20. NAME	20. STREET ADDRESS	20. CITY	20. STATE	20. ZIP CODE

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1995

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 100.014(2)(b), Florida Statutes. I further certify that the information included on this general report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 667, Florida Statutes, and that my name appears on Block 12 of this filing or on an attachment with an address.

SIGNATURE:

Robert M. Mason Jr.
Robert M. Mason Jr.

4/28/95 305.749.9315