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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Feb 02 1998 8:00am Secretary of State

{	1998	DIVISION OF CO	ORPORA	NOIT							
DOCUMENT # P94000078848 (6)						/ e -ş				i	
CYBER	NETIC EVALUATION, INC.				}	E Nome t					
					}						
Principal Plac	e of Rusiness	Mailing Address				1001104 110 1011 81811 69111 BEIST					
4891 N.W. 10		4891 N.W. 103 AVE.			1						
SUITE 17 SUITE 17					}	*					
SUNRISE FL	33351	SUNRISE FL 33351			-	DO NOT WR		SPACE			٦
Į.) 3.	Date Incorporated or Qualifie 10/26/1994	a				
2. Principal P	lace of Business	2a. Mailing Address			4.	FEI Number		- 	App	lied For	┪
21		26				65-0527709			Not	Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	,	•	5.	Certificate of Status Desired			75 A	dditional	-
City & State	8	City & State				Election Campaign Financing					-
23		28	•		J	Trust Fund Contribution				May Be Fees	1
Zip	Country	Zip	Cou	ntry	8.	This corporation owes or has			ar Inta	ngible	7
24	25		30			Personal Property Tax due Ju		Yes		No	_
144	9, Name and Address of Current	Hegistered Agent	-, - 	81 Name		Name and Address of New	Hegistered .	Agent			+
	.SON, ROBERT M JR 91 N.W. 103 AVE.		Ł					<u> </u>			4
	TE 17		82 Str			O. Box Number is Not Accep	table)				1
	NRISE FL 33351		Ţ	83							7
			}	84 City			··	85	Zip C	ode	+
			!	1			FL	. []	•		4
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obliga	dang 607.1508, Florida Statutes of Florida, Such change was au	s, the ab uthorized	ove-named by the cor	i corporation poration's bi	i submits this statement for th pard of directors. I hereby ac	e purpose of cept the app	i chang gintmer	ing its nt as ri	registered egistered	ł
i	m familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Stati	ites.						•	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Régistered	Agent signature							
12.	OFFICERS AND	DIDECTORS			e required when a	reinstating)	DATE				٤
TITLE NAME	PD		13.			reinstating) DDITIONS/CHANGES TO OF					16
STREET ADDRESS	MACON DOREDT M ID	DELETE	1.1 TIT	LE				DIREC		IN 12	1000
	MASON, ROBERT M JR 10971 W. BROWARD BLVD.		1,1 TIT 1,2 NA	LE ME							(20)01/ 100
	MASON, ROBERT M JR 10971 W. BROWARD BLVD. PLANTATION FL 33324		1.1 TIT 1.2 NA 1.3 STI	LE ME REET ADDRESS							100004 (40/07)
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14. I hereby certify that the information supplied with this filling 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 peopt 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 conforation 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 phaged, or on an attachment with an address.