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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

A1 01	A	1 1	TALLAHASSEC	· · · · · · · · · · · · · · · · · · ·
Choice Elect	monic (M	Wogs J	C.	
Principal Place of Business 1029 MEMORIAR HOS	Mailing Address	1100		
100 d WEMPRAUNC 110	16029 ME	MOREM IT	3/2	•
man Ba G	1-TAMPA	n		
111/1/A) 1 23/2/5	- / ////	221.15	3. Date Incorporated or Qualified	3a. Date of Last Report
20012	/	33415	0501315	00/90
2. Principat Place of Business	2a. Mailing Address		59.330011.9	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01000101	CO 75 . Laborard
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
3	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for in	—
9. Name and Address of Currel		30	Florida Statutes 10. Name and Address of New Reg	
		B1 Name	70. 110.110 4.114 1.124 0.711011 7.10	
ANNE FROST 6029 MEMOR	4/	<u>i.l.</u>	(5.6.5)	
LADA MEMAR	IAL TMY	82 Street Addre	ess (P.O. Box Number is Not Acceptable	e)
6027 110 Pice	,	83		
TAMPA 12		04 65		105 7 0 - do
	33415	84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named corp	oration submits this statement for the pi	rpose of changing its registered
11. Pursuant to the provisions of Sections 607.050 office or registered agent or both, in the Sate agent. I am familiar with and accept the oblig	ations of Section 507.0505, Flo	iditorized by the corporati of a Statutes.	on's doard of directors. I hereby accep	The appointment as registered
SIGNATURE UN TO	ost their	lud		7/18/1
Signature, typed or printed name of registrated ag		Registered Agent signature require		DO AND DIDECTORS IN 12
12. OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 9
NAME AND FROS	T Live	1.2 NAME		ì.
STREET ADDRESS MARY	BRUAL TIMY	1.3 STREET ADDRESS		RZE034
CITY-ST-ZIP JAMEA FL	33615	1.4 CITY - ST - ZIP		25E
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NAME		2.2 NAME	-09/17	2961fiagesUAddiigs /9701103013
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CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
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NAME		3.2 NAME		
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DITY-ST-ZIP		3.4. CITY-ST-7IP		
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NAME		4. 2 NAME		ļ
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CITY-ST-ZIP		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		An
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NAME		6.2 NAME		XX
STREET ADDRESS		6.3 STREET ADDRESS		W''
CITY-ST-ZIP	,	6.4 CITY-ST-ZIP		
 I do hereby certify that the information supplies information indicated on this annual report or 	d with his filing does not qualify	y for the exemption stated	in Section 119.07(3)(i), Florida Statutes	I further certify that the
iniormation indicately on this annual report or a	suppremental annual report is tri	ue and accurate and that I	ny signature shall have the same legal	enect as it made under oath; that



6029 MEMORIAL HWY., TAMPA, FLORIDA 33615 www.cy-tech.com FAX (813) 882-9237 (813) 886-0004

September 10, 1997

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Per my conversations with the Division of Corporations (904) 488-9000, please accept this letter as notification that we did not receive notice to file the annual returns. Had we received them, they would have been filed. We had both a change of address and a death in the company.

To avoid further delay, I have asked a friend for a copy of theirs and have whitedout, copied and completed for each of my corporations as follows:

Choice Electronic Catalogs, Inc. Connectivity Plus, Inc. CyberTech Institute, Inc. Grand Manor, Inc.

I have enclosed checks for each of these companies.

If there are any other forms or other information/documentation that is needed, please call me at (813)886-0004.

Thank You.

Sincerely,

mine most

Af/ms

Encl. Annual Reports - 1997 & checks