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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000025372 (0)

1. Corporation Name
CYBERGRAPHICS, INC.



Principal Place of Business

8020 114TH AVE. N
STE 2
LARGO FL 34643

Mailing Address

8020 114TH AVE. N
STE 2
LARGO FL 33773-5026

3. Date Incorporated or Qualified
03/29/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 8262-132nd ST. N.
Suite, Apt. #, etc.

2a. Mailing Address

26 8262-132nd ST N
Suite, Apt. #, etc.

22 City & State

23 SEMINOLE FL

24 Zip Country

33776 USA

27 City & State

28 SEMINOLE FL

29 33776 30 USA

4. FEI Number

59-3308458

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

HUTCHINSON, LYNN
8020 114TH AVE. N
STE 2
LARGO FL 34643

10. Name and Address of New Registered Agent

81 Name HUTCHINSON, LYNN
82 Street Address (P.O. Box Number is Not Acceptable)
8262-132 ST N.
83
84 City SEMINOLE FL 85 Zip Code 33776

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

LYNN B HUTCHINSON PRESIDENT

DATE

2-11-97

12. OFFICERS AND DIRECTORS

TITLE DVT
NAME MULRY, JILL
STREET ADDRESS 8020 114TH AVE. N STE 2
CITY-ST-ZIP LARGO FL 34643

TITLE DPS
NAME HUTCHINSON, LYNN B
STREET ADDRESS 8020 114TH AVE. N STE 2
CITY-ST-ZIP LARGO FL 34643

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

LYNN B HUTCHINSON

2-11-97

813-398-7288

CR2E034 (9/96)