

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000072665 (9)

1. Corporation Name
CYBERAD, INC.



Principal Place of Business

6261 NW 6TH WAY, SUITE 207
FT. LAUDERDALE FL 33309

Mailing Address

6261 NW 6TH WAY, SUITE 207
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 6801 N.W. 9TH AVE

Suite, Apt. #, etc.

22 # 101

City & State

23 Ft. LAUDERDALE, FL

Zip

24 33309

Country

25 US

2a. Mailing Address

26 6801 N.W. 9TH AVE

Suite, Apt. #, etc.

27 # 101

City & State

28 Ft. LAUDERDALE, FL

Zip

29 33309

Country

30 US

3. Date Incorporated or Qualified

09/18/1995

4. FEI Number

65-0616026

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LOBEL, JIM
6261 NW 6TH WAY, SUITE 207
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

KRAVITZ, KEITH

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

6801 N.W. 9TH AVE

83 Suite

101

84 City

Ft. LAUDERDALE

FL

85 Zip Code

33309

11. Pursuant to the provisions of Sections 607.0602 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 *Keith Kravitz*

KEITH KRAVITZ

4/29/98

Signature, typed or printed name of registered agent and title of application

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME LOBEL, JIM
STREET ADDRESS 6261 NW 6TH WAY, SUITE 207
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME KRAVITZ, KEITH
STREET ADDRESS 6261 NW 6TH WAY, SUITE 207
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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: *Keith Kravitz*

KEITH KRAVITZ

4-29-98

(954)
969-9442

CR2E034 (10/97)