

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

FILED
Mar 21 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 # P95000079460 (8)

1. Corporation Name:
CYBERWARE, INC.



Principal Place of Business:

1524 NW 102ND DRIVE
CORAL SPRINGS FL 33071

Mailing Address:

1524 NW 102ND DRIVE
CORAL SPRINGS FL 33071-3920

3. Date Incorporated or Qualified 10/13/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0617725	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	

2. Principal Place of Business:

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address:

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

ARNEL, DONALD M
1524 NW 102ND DRIVE
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(Signature required for principal place of business and tax if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	☐ DELETE	13.1 TITLE	☐ Change ☐ Addition
12.2 NAME		13.2 NAME	
12.3 STREET ADDRESS		13.3 STREET ADDRESS	
12.4 CITY-STATE-ZIP		13.4 CITY-STATE-ZIP	
12.5 TITLE	☐ DELETE	13.5 TITLE	☐ Change ☐ Addition
12.6 NAME		13.6 NAME	
12.7 STREET ADDRESS		13.7 STREET ADDRESS	
12.8 CITY-STATE-ZIP		13.8 CITY-STATE-ZIP	
12.9 TITLE	☐ DELETE	13.9 TITLE	☐ Change ☐ Addition
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY-STATE-ZIP		13.12 CITY-STATE-ZIP	
12.13 TITLE	☐ DELETE	13.13 TITLE	☐ Change ☐ Addition
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY-STATE-ZIP		13.16 CITY-STATE-ZIP	
12.17 TITLE	☐ DELETE	13.17 TITLE	☐ Change ☐ Addition
12.18 NAME		13.18 NAME	
12.19 STREET ADDRESS		13.19 STREET ADDRESS	
12.20 CITY-STATE-ZIP		13.20 CITY-STATE-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 included 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:

Donald M. Arnel

DONALD ARNEL

3-18-97

954-340-3115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0157267

CR2E034 (9/96)