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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Mar 31 1998 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000096513 (3)

CYBERMALL, INC.

								AFI III IIII
Principal Plac	e of Business	Mailing Address			. (00)(68) (14 1818) 811(1 86(1) 48)))	Bilat altat ila	TOO SANS COME
10011 PINES	BLVD.	P.O. BOX 350453			,			
101		FT. LAUDERDALE FL 33335		ļ				
PEMBROKE PINES FL 33024		U\$			DO NOT WRITE IN THIS SPACE			
US				,	 Date Incorporated or Qualifi 12/20/1995 	ed		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	oplied For
	N. Ocean Drive	26 10/ N. OC	can Driv	12	65-0628873		No	ot Applicable
Suite, Apt.	• '	Suite, Apt. #, etc. 27 Suite 200		-	5. Certificate of Status Desired		\$8.75 A	
City & Stat		City & State			6. Election Campaign Financin	g	\$5.00	May Be
23 Ha//	wood, FL	28 /10/1/Weed	, FL		Trust Fund Contribution		Added t	to Fees
Zip 33 0	Country	Zip	Country		B. This corporation owes or has			angible
24 550	20	29 530/9 3			Personal Property Tax due J			(I No
	9. Name and Address of CurrentTON, EDWARD S	Registered Agent	81 Name		D. Name and Address of New	/ Registered A	gent	
LIP 101	O Charle)aco	b Maymon)		···			
ST			(P.O. Box Number is Not Acce.	ptable)	200	N AL		
	83	<u> </u>	- OCCUR DITTE	عادانك ب		2/1		
, -	MBROKE PINES FL 33024					·		
	-		84 City	6/14	wood	FL	38	Code 0/9
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 poligations of, Section 607.0505, Florida Statutes.								
SIGNATURE X / / X MARCH 24								
SIGNATURE	Signature, typicd or pointed name or egistered agent	d lequired wh	nen reinstating)	DATE	~ulo	<u>~~</u>		
12.	ØFFICE'RS AND	DIRECTORS 4	13.		ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTOR	13 N 12
TITLE	P \ /	DELETE	1.1 TITLE	Presi	dent	Ī	Change	Addition
NAME	Lipton, Edward		1.2 NAME	JACO	6 MAYMON			·
STREET ADDRESS	10011 PINES BLVD., STE. 101		1.3 STREET ADDRESS	101 1	N. OCOAN Drive,	Suite 21	DO A	
CITY-ST-ZIP	PEMBROKE PINES FL 33024		1.4 CITY - ST - ZIP	Holly	WOOD, FL 33019			
TITLE		DELETE	2.1 TITLE	7		[Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	i				
TITLE		☐ DELETE	3.1 TIFLE			[Change	Addition
NAME			3.2 NAME					i
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE		, ,,,,	Π.	Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP	_		4.4 CITY~ST-ZiP					
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME		!	5.2 NAME					
STREET ADDRESS		•	5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CiTY-ST-ZIP					
TITLE		DELET E	6.1 TITLE			[Change	Addition
NAME			6.2 NAME	1				
STREET ADDRESS			6.3 STREET ADDRESS	1				
CITY+ST-ZIP			6.4 CITY - ST-ZIP					
44 11 -								

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 it made under oath; that I am an officer or director of the corporation or the receipter 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.