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FILED
May 06 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 # P96-000005186

1. Corporation Name
The Cybernetic Exchange, Inc.

Principal Place of Business / Mailing Address
c/o 111 Madison Street
Suite 2300
Tampa, FL 33602

3. Date Incorporated or Qualified: 1/16/96
3a. Date of Last Report:

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 65-0631956 — 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 XX No

9. Name and Address of Current Registered Agent

James W. Goodwin, Esq..
111 Madison - Suite 2300
Tampa, FL 33602

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1 TITLE	PST D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
1 NAME	Paul Savage	1.2 NAME	
1 STREET ADDRESS	4550 47th Street W.	1.3 STREET ADDRESS	
1 CITY-ST-ZIP	Bradenton, FL 34210	1.4 CITY-ST-ZIP	
2 TITLE	Asst. Secretary ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
2 NAME	James W. Goodwin	2.2 NAME	
2 STREET ADDRESS	111 Madison - Suite 2300	2.3 STREET ADDRESS	
2 CITY-ST-ZIP	Tampa, FL 33602	2.4 CITY-ST-ZIP	
3 TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
3 NAME		3.2 NAME	
3 STREET ADDRESS		3.3 STREET ADDRESS	
3 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4 TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
4 NAME		4.2 NAME	
4 STREET ADDRESS		4.3 STREET ADDRESS	
4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5 TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
5 NAME		5.2 NAME	
5 STREET ADDRESS		5.3 STREET ADDRESS	
5 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6 TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
6 NAME		6.2 NAME	
6 STREET ADDRESS		6.3 STREET ADDRESS	
6 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

5/6/97

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***165.00

CR2E034 (9/96)

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: James W. Goodwin, Asst. Sec. 4/28/97 813/273-4337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #