

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 # **P96000005186 (7)**

1. Corporation Name
THE CYBERNETIC EXCHANGE, INC.



Principal Place of Business C/O 111 MADISON STREET SUITE 2300 TAMPA FL 33602	Mailing Address C/O 111 MADISON STREET SUITE 2300 TAMPA FL 33602
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <input checked="" type="checkbox"/> Suite, Apt. #, etc. 22 <input checked="" type="checkbox"/> City & State 23 <input checked="" type="checkbox"/> Zip 24 <input checked="" type="checkbox"/> Country		2a. Mailing Address 26 400 North Tampa street 27 Suite 2300 28 Tampa, Fla 29 33602 30 Hillsborough		3. Date Incorporated or Qualified 01/16/1996	
		4. FEI Number 65-0631956		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**GOODWIN, JAMES W ESQ
111 E. MADISON STREET
SUITE 2300
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name Goodwin, James W. Esq.
82 Street Address (P.O. Box Number is Not Acceptable) P.O. Box 400 North Tampa street
83 Suite 2300
84 City Tampa
85 Zip Code FL 33602

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVAGE, PAUL	1.2 NAME	
STREET ADDRESS	4550 47TH STREET W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34210	1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, JAMES W	2.2 NAME	
STREET ADDRESS	C/O 111 MADISON STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, on an attachment with an address.

SIGNATURE: ☒

CR2E034 (10/97)