FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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 # P96-000013956

1. Corporate Name
Cybernetic, Inc.

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

Mailing Address

3. Date Incorporated or Qualified: 2/7/96
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: Applied For ☐ 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 authority for intangible tax under s. 199.032, Florida Statutes ☐ Yes XX ☐ No

9. Name and Address of Current Registered Agent

Capital Connection, Inc.
417 E. Virginia Street
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name: James W. Goodwin, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 111 Madison Street
83 Suite 2300
84 City: Tampa FL 85 Zip Code: 33602

11. Pursuant to the provisions of Section 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], James W. Goodwin, RA — 4/28/97
Name of Person Signing (type or print) 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 ☒ DELETE	1.1 TITLE	PSTD ☐ Change ☐ Addition
NAME	J. Paul Hines	1.2 NAME	Paul Savage
STREET ADDRESS	P.O. Box 948202i	1.3 STREET ADDRESS	4550 W. 47th Street, W., Ste. 1213
CITY-ST-ZIP	Maitland, FL 32794-8202	1.4 CITY-ST-ZIP	Bradenton, FL 34210
TITLE	D ☒ DELETE	2.1 TITLE	Asst. Secretary ☐ Change ☐ Addition
NAME	Harry Tan Hi Khim	2.2 NAME	James W. Goodwin
STREET ADDRESS	P.O. Box 948202	2.3 STREET ADDRESS	111 Madison - Suite 2300
CITY-ST-ZIP	Maitland, FL 32794-8202	2.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE	D ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	William Kennedy	3.2 NAME	
STREET ADDRESS	P.O. Box 948202	3.3 STREET ADDRESS	
CITY-ST-ZIP	Maitland, FL 32794-8202	3.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Terry Staples	4.2 NAME	
STREET ADDRESS	P.O. Box 948202	4.3 STREET ADDRESS	
CITY-ST-ZIP	Maitland, FL 32794-8202	4.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	John Zielinski	5.2 NAME	
STREET ADDRESS	P.O. Box 948202	5.3 STREET ADDRESS	
CITY-ST-ZIP	Maitland, FL 32794-8202	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

5/6/97

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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 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: [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 #