

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

FILED

May 06 1997 8:00am  
Secretary of State

|                                                                  |                                                                                   |                                                                                                                                |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|

DOCUMENT # P96-000013956

1. Corporation Name

Cybernetic, Inc.

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

3. Date Incorporated or Qualified 2/7/96  
3a. Date of Last Report

|                                |                         |                                                                                         |                                                                     |
|--------------------------------|-------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     | 4. FEI Number                                                                           | Applied For                                                         |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired                                                        | <input type="checkbox"/> \$8.75 Additional Fee Required             |
| 22. City & State               | 27. City & State        | 6. Election Campaign Financing Trust Fund Contributor                                   | <input type="checkbox"/> \$5.00 May Be Added to Fees                |
| 23. Zip                        | 28. Zip                 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 24. Country                    | 29. Country             |                                                                                         |                                                                     |

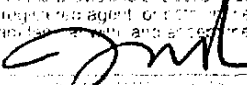
9. Name and Address of Current Registered Agent

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

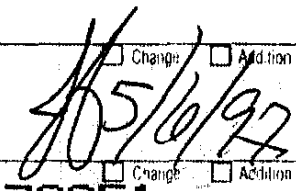
10. Name and Address of New Registered Agent

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 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 a resident of the State of Florida and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE:  James W. Goodwin, RA 4/28/97

| 12. OFFICERS AND DIRECTORS |                                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                   |
|----------------------------|-------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| TITLE                      | PSTD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE                                             | PSTD <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | J. Paul Hines                                   | 1.2 NAME                                              | Paul Savage                                                                       |
| STREET ADDRESS             | P.O. Box 948202                                 | 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 <input checked="" type="checkbox"/> DELETE    | 2.1 TITLE                                             | Asst. Secretary <input type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE    | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE    | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE    | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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                      | <input type="checkbox"/> DELETE                 | 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                                       |                                                                                   |



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-05/14/97--0111--030  
\*\*\*165.00

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 provided 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

CR2E034 (9/96)