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Jun 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000013956 (3)**

1. Corporation Name
CYBERNETIC INC.

Principal Place of Business	Mailing Address
C/O 111 MADISON STREET SUITE 2300 TAMPA FL 33602	C/O 111 MADISON STREET SUITE 2300 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1996

2. Principal Place of Business	2a. Mailing Address
21 X	26 400 North Tampa Street
Suite, Apt. #, etc.: 22 X	Suite, Apt. #, etc.: 27 Suite 2300
City & State: 23 X	City & State: 28 Tampa, FL
Zip: 24 X — Country: 25	Zip: 29 33602 — Country: 30 Hillsborough

4. FEI Number: APPLIED FOR — X 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOODWIN, JAMES W. ~~111 MADISON STREET~~ ~~SUITE 2300~~ TAMPA FL 33602	81 Name: James W. Goodwin, Esq. 82 Street Address (P.O. Box Number is Not Acceptable): 400 North Tampa 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE X _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD SAVAGE, PAUL 4550 W. 47TH STREET W., STE. 1213 BRADENTON FL 34210	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS GOODWIN, JAMES 111 MADISON - SUITE 2300 TAMPA FL 33602	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 200002564032 -06/16/98--01035--032 ***150.00

CR2E034 (10/97)

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: X _____ 4/23/98

Pg2

Form SS-4
(Rev. December 1995)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

OMB No. 1545-0003

1 Name of applicant (Legal name) (See instructions.)
CYBERNETIC, INC.

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name
PAUL SAVAGE

4a Mailing address (street address) (room, apt., or suite no.)
4550 47th STREET, SUITE 1213

5a Business address, if different from address in lines 4a
SAME

4b City, state, and ZIP code
BRADENTON, FLORIDA 34210

5b City, state, and ZIP code
SAME

6 County and state where principal business is located
MANATEE COUNTY, FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▸ PAUL SAVAGE 593-51-6085

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole Proprietor (SSN)
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify) (enter GEN if applicable)
- ☐ Other (specify) ▸
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator-SSN
- ☒ Other corporation (specify) FIRPTC
- ☐ Personal service corp.
- ☐ Limited liability co.
- ☐ Trust
- ☐ National Guard
- ☐ Federal government/military
- ☐ Farmers' cooperative
- ☐ Church or church-controlled organization

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▸ State: FLORIDA; Foreign country: N/A

9 Reason for applying (Check only one box.)

- ☒ Started new business (specify) ▸ CORPORATION
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▸
- ☐ Banking purpose (specify) ▸
- ☐ Changed type of organization (specify) ▸
- ☐ Purchased going business
- ☐ Created a trust (specify) ▸
- ☐ Other (specify) ▸

10 Date business started or acquired (Mo., day, year) (See instructions.)
2/1/96

11 Enter closing month of accounting year. (See instructions.)
DECEMBER

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien.* (Mo., day, year) ▸ UNKNOWN

13 Enter highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "0."* ▸

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (See instructions.) ▸ Internet Commerce

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▸

16 To whom are most of the products or services sold? Please check the appropriate box. ☐ Business (wholesale)
☒ Public (retail) ☐ Other (specify) ▸ ☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you check the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.
Legal name ▸ N/A Trade name ▸ N/A

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN
N/A	N/A	N/A

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
941-795-5188
Fax number: 813-273-6398

Name and title (Please type or print clearly.) ▸ PAUL SAVAGE, PRESIDENT

Signature ▸ Date ▸ June 11, 98

Note: *Do not write below this line. For official use only.*

Please leave blank ▸	Geo.		Ind.	Class	Size	Reason for applying

Form SS-4
(Rev. December 1995)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN P93

OMB No. 1545-0003

1 Name of applicant (Legal name) (See instructions.)
CYBERNETIC, INC.

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name
PAUL SAVAGE

4a Mailing address (street address) (room, apt., or suite no.)
4550 47th STREET, SUITE 1213

5a Business address, if different from address in line 4a and 4b
SAME

4b City, state, and ZIP code
BRADENTON, FLORIDA 34210

5b City, state, and ZIP code
SAME

6 County and state where principal business is located
MANATEE COUNTY, FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor--SSN required (See instructions.) ▸ PAUL SAVAGE 590-51-8935

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole Proprietor (SSN)
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify) (enter GEN if applicable)
- ☐ Other (specify) ▸
- ☐ Personal service corp.
- ☐ Limited liability co.
- ☐ National Guard
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator-SSN
- ☒ Other corporation (specify) PROFIT
- ☐ Trust
- ☐ Federal government/military
- ☐ Farmers' cooperative
- ☐ Church or church controlled organization

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▸ | State: FLORIDA | Foreign country: N/A

9 Reason for applying (Check only one box.)

- ☒ Started new business (specify) ▸ CORPORATION
- ☐ Hired employee
- ☐ Created a pension plan (specify type) ▸
- ☐ Banking purpose (specify) ▸
- ☐ Changed type of organization (specify) ▸
- ☐ Purchased going business
- ☐ Created a trust (specify) ▸
- ☐ Other (specify) ▸

10 Date business started or acquired (Mo., day, year) (See instructions.)
2/7/96

11 Enter closing month of accounting year. (See instructions.)
DECEMBER

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)* . . . . . ▸ UNKNOWN

13 Enter highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "0."* . . . . . ▸	Nonagricultural	Agricultural	Household
	0	0	0

14 Principal activity (See instructions.) ▸ Internet Commerce

15 Is the principal business activity manufacturing? . . . . . ☐ Yes ☒ No
If "Yes," principal product and raw material used ▸

16 To whom are most of the products or services sold? Please check the appropriate box. ☐ Business (wholesale) ☒ Public (retail) ☐ Other (specify) ▸ ☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business? . . . . . ☐ Yes ☒ No
Note: *If "yes," please complete lines 17b and 17c.*

17b If you check the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name ▸ N/A Trade name ▸ N/A

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN
N/A	N/A	N/A

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
941-795-5183
Fax number: 813-273-4396

Name and title (Please type or print clearly.) ▸ PAUL SAVAGE, PRESIDENT

Signature ▸ Date ▸

Note: *Do not write below this line. For official use only.*

Please leave blank ▸	Geo.	Ind.	Class	Size	Reason for applying