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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000026093 (0)

KYBER, INC.

Principal Plac 33 PARADISE I TREASURE ISL	LANE	Mailing Address 33 PARADISE LANE TREASURE ISLAND FL 33708-1129		
				3. Date Incorporated or Qualified 3a. Date of Last Report 03/21/1996
	lace of Business	2a. Mailing Address		4. FEI Number Applied For S9 - 338 3503 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.	,	60.75
22		27		5. Certificate of Status Desired Fee Required
City & Stat	te	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	Florida Statutes Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Na	10. Name and Address of New Registered Agent
	ER, JOHN M			
	PARADISE LANE ASURE ISLAND FL 33706		82 Str	eet Address (P.O. Box Number is Not Acceptable)
Inc	HOUSE INDICATE I E 00700		83	
}			84 Cit	y 85 Zip Code
promption of the second				FL T
office or	to the provisions of Sections 607.05t registered agont, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change wa	s authorized by the	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
	Signature Typing or printed name of registered ag			ature required when reinstating) DATE
12.	D OFFICERS AN	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	ADLER, JOHN M	LLJ PELLIL	1.2 NAME	FRESIDEN Change Addition TOTHN ADLEX 33 PARADISE LANE TREBSURE IS lumi, F/ 33706
STREET ADDRESS	33 PARADISE LANE		1.3 STREET ADDRI	SS 33 PARHDISE LINE
CITY-\$1-7/P	TREASURE ISLAND FL 33708		1.4 CITY - ST - ZIP	TREASURE ISlum, F/ 33706
1 TLE		☐ DELETE	2.1 TITLE	Change Add-tion
NAME	, †		2 2 NAME	
STREET ADORESS		ما بخو هويوس. "پنومه	2.3 STREET ADDRI	SS
TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDR	sss
CHY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		L DÉLETE	4.1 TITLE	Change Addition
NAME PROFES AND PROFES			4. 2 NAME	
STREEL ADDRESS CITY - ST - ZIP			4.3 STREET ADDRI 4.4 City-St-Zip	292
TILLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS		4	5.3 STREET ADOR	SSS
CHTY+ST+ZHP			54 CITY-ST-ZIP	
THUE		☐ DELETE	6 1 TITLE	Change Addition
NAME	İ		62 NAME	
STREET ALIONESS	Ì		63 STREET ADDR	

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:

FILED

May 01 1997 8:00am

Secretary of State