

CORPORATION ANNUAL REPORT

1998



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

FILED
Jun 19 1998 8:00am
Secretary of State

DOCUMENT # 9960000016272
Corporation Name
CYBER-MONTAGE, INC.

Principal Place of Business (OLD) Mailing Address
751 A CYPRESS LN
POMPANO FL 33064

DO NOT WRITE IN THIS SPACE.

Principal Place of Business (NEW) Mailing Address
3401 W HILLSBORO BLV
Suite, Apt. #, etc. M203
City & State COCONUT CREEK FL
Zip 33073 Country 25

2a. Mailing Address
PO BOX 4873
Suite, Apt. #, etc. 27
City & State Deerfield FL
Zip 33442 Country 30

3. Date Incorporated or Qualified 5/95 3a. Date of Last Report 5/1/97
4. FEI Number 65-6683390 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 liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SARAH MAE GRONKETH
751 A CYPRESS LN
POMPANO FL 33064

10. Name and Address of New Registered Agent
81 Name SARAH MAE GRONKETH
82 Street Address (P.O. Box Number is Not Acceptable) 3401 W HILLSBORO BLV M203
83
84 City COCONUT CREEK FL 06 Zip Code 33073

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 607.0506, Florida Statutes.

SIGNATURE [Signature] DATE 4/30/98
NOTE: Registered Agent signature required when reappointing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE <u>President</u>	1.1 TITLE <u>President</u>	1.2 NAME <u>Sarah Mae Gronketh</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS <u>751 A CYPRESS LN</u>	1.3 STREET ADDRESS <u>3401 W HILLSBORO BLVD</u>	1.4 CITY - ST - ZIP <u>POMPANO FL 33064</u>	<u>COCONUT CRK FL 33073</u>
2.1 TITLE	2.1 TITLE	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	
3.1 TITLE	3.1 TITLE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	
4.1 TITLE	4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	
5.1 TITLE	5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	
6.1 TITLE	6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	

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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13-4 changed, or on an attachment with an address.

SIGNATURE: [Signature] President DATE 4/30/98 QED 419926
BLOCK 12 AND TYPED OR PRINTED NAME OF (NOMINEE) OFFICER OR DIRECTOR