## 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 # P96000074020 (4)

CYBERGRO, INC.

Principal Place of Business

Mailing Address

## FILED May 13 1997 8:00am Secretary of State



0741 SW 54 STREET MIAMI FL 33165		8741 SW 54 STREET Miami Fl 33165-6722						
						3. Date Incorporated or Qualified 09/05/1996	3a. Date of I	est Report
2. Principal Place	e of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				65-07009	7.3[	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1	.75 Additional
City & State		City & State			. <u></u>		<del></del>	ee Required
23		City & State				Election Campaign Financing     Trust Fund Contribution		0.00 May Be
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for i		dor s. 199.032,
24	25 9. Name and Address of Currer	29	30				Yes No	
	OLI, JOHN M	ii negistered Agent		81 N	 lamo	10. Name and Address of New Re	gisterea Agent	<b>.</b>
			or wand					
	SW 54 STREET		82 Street		treet Addre	ddress (P.O. Box Number is Not Acceptable)		
MIAMI	FL 33165			83				
				<b>84</b> C	ily		85	Zip Codo
11. Pursuant to ti	he provisions of Sections 607.050	2 and 607 1508 Florida Sta	itutos tho al	2000 83	amod coroc	pration submits this statement for the p	FL S	ning its socialored
office or regis	stered agent, or both, in the State amiliar with, and accept the obligation	⊧of Florida. Such change wa	as authorized	d by the	e corporation	on's board of directors. Thereby accep	orpose of chang of the appointme	int as registered
<del>-</del> ·	aminar with, and accept the oblig-	ations or, Section 607.0505,	rionda Stat	uies.				
SIGNATURE	nature, typed or printed name of registered age	out and tale if applicable (	NOTE Registeres	3 Agent si	gnature require	d when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12
TITLE		☐ DELETE	1.1 1	ILF			Cr	ange 🔲 Addition
	SPANIOLI, JOHN M		1.2 N/	ME				
	3741 SW 54 STREET		13 \$1	HEET AOD	PRESS			
	MAMI FL 33165		1.4 01	1Y-SI-70	P			
TITLE		☐ DELETÉ	2111	ILΓ			☐ Ct	ange [] Addition
NAME			2 2 N/	ME				
STREET ADDRESS			2.3 \$1	REET ADD	RESS			
CITY-ST-ZIP				11Y-S1-7	ıf <sup>,</sup>			
TITLE		LLI DELETE	3.1 11				[] Ch	ange Addition
NAME			3.2 N/					
STREET ADDRESS				REET ADD				
CITY-ST-ZIP TITLE		☐ D£LFTE		11Y - S1 - 70	(f			
NAME		ן ניננונ	4.1 10				L_] Ch	ange [_] Addition
STREET ADDRESS			4. ? N		int ce			
CITY-ST-ZIP			B	REET ADD				
TITLE		DELETE	5.1 Tri	TY-51-211	<u></u>		☐ Ch	ange . Addition
NAME		trans we all the	5.2 N/				ال ب	mgo Lil Modifion
STREET ADDRESS				REET ADD	RESS			
CITY-ST-ZIP				1Y · S1 · Z(I				
TITLE		DELFTE	6.1 1/1			***************************************	☐ Ch	ange
NAME			6.2 N/	ME				ţ <u></u>
STREET ADDRESS				REE1 ADD	RESS			
CITY-ST-ZIP			6.4 01	TY - \$1 - 711	P			
14. I do hereby o	certify that the information supplier	d with this filing does not qu	alify for the	exemo;	tion stated	in Section 119.07(3)(i), Florida Statutes	. I further certify	that the
Lam an ottice	er or director of the corneration or	The receiver or trustee error	voworod to o	iccurate xecute	e and that r this report	my signature shall have the same legal as required by Chapter 607, Horida S	l effect as if mad tatutes; and that	de under oath; that Lray name
appears in B	llock 12 or Block 13 if changed, o	ൂറ an atlachment with an i	address.			, ,		•
	1111 6		. i h-i-g-ta				/ ~	267-7727