


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 24 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra E. Mortimer</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000084506 (0)  
 1. Corporation Name  
**DAVIS CYBER TECHNOLOGIES INCORPORATED**



Principal Place of Business 410-F GOVERNMENT AVENUE VALPARAISO FL 32580	Mailing Address 410-F GOVERNMENT AVENUE VALPARAISO FL 32580
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/14/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3405002		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name	JEAN THOMSON		
82 Street Address (P.O. Box Number is Not Acceptable)	4456 HUNTINGTON CIR		
83			
84 City	NICEVILLE	85 FL	86 Zip Code 32578

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: *Jean M. Thomson* DATE: 1997

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE <input type="checkbox"/>
NAME	DAVIS, JOHN THADDEUS	
STREET ADDRESS	3 CEDAR RIDGE WAY	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	DELETE <input type="checkbox"/>
NAME	DAVIS, CHERI ANN	
STREET ADDRESS	3 CEDAR RIDGE WAY	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	JOHN T. DAVIS	
1.3 STREET ADDRESS	3 CEDAR RIDGE WAY	
1.4 CITY-ST-ZIP	NICEVILLE FL 32578	
2.1 TITLE	VICE PRESIDENT	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	Robert W. Thomson	
2.3 STREET ADDRESS	4456 Huntington Cir	
2.4 CITY-ST-ZIP	Niceville, FL 32578	
3.1 TITLE	DIRECTOR - SECRETARY/TREASURER	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME	GENEVIEVE M. THOMSON	
3.3 STREET ADDRESS	4456 HUNTINGTON CIR	
3.4 CITY-ST-ZIP	NICEVILLE FL 32578	
4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, on an attachment with an address.

SIGNATURE: *Jean M. Thomson* DATE: 1997

CR2E034 (4/97)