

**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

**FILED**

97 SEP 11 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PC0000085368**

1. Corporation Name  
**CyberTech Institute, Inc.**

Principal Place of Business  
**6029 MEMORIAL HWY / 6029 MEMORIAL HWY**  
**TAMPA, FL 33615 / TAMPA, FL 33615**

|    |                                |    |                     |   |   |                          |                                |
|----|--------------------------------|----|---------------------|---|---|--------------------------|--------------------------------|
| 21 | 2. Principal Place of Business | 2a | Mailing Address     | 3 | Date Incorporated or Qualified  | 3a                       | Date of Last Report            |
| 22 | Suite, Apt. #, etc.            | 26 | Suite, Apt. #, etc. | 4 | FEI Number  |                          | Applied For                    |
| 23 | City & State                   | 27 | City & State        | 5 | Certificate of Status Desired   | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 24 | Zip                            | 28 | Zip                 | 6 | Election Campaign Financing Trust Fund Contribution   | <input type="checkbox"/> | \$5.00 May Be Added to Fees    |
| 25 | Country                        | 29 | Country             | 8 | This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |                                |

9. Name and Address of Current Registered Agent  
**ANNE FROST**  
**6029 MEMORIAL HWY**  
**TAMPA, FL 33615**

|    |  |    |  |
|----|--|----|--|
| 81 | Name   | 10 | Name and Address of New Registered Agent |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |    |  |
| 83 | City   |    |  |
| 84 | City   |    |  |

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 **ANNE FROST, Pres** DATE **9/10/97**

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>PRESIDENT</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ANNE FROST</b>                                | 1.2 NAME  |   |
| STREET ADDRESS             | <b>6029 MEMORIAL HWY</b>                         | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>TAMPA, FL 33615</b>                           | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 2.2 NAME  |   |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 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, or on an attachment with an address.

CR2E034 (9/96)

# CYBERTECH INSTITUTE

6029 MEMORIAL HWY., TAMPA, FLORIDA 33615  
www.cy-tech.com FAX (813) 882-9237 (813) 886-0004

September 10, 1997

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Per my conversations with the Division of Corporations (904) 488-9000, please accept this letter as notification that we did not receive notice to file the annual returns. Had we received them, they would have been filed. We had both a change of address and a death in the company.

To avoid further delay, I have asked a friend for a copy of theirs and have whited - out, copied and completed for each of my corporations as follows:

Choice Electronic Catalogs, Inc.  
Connectivity Plus, Inc.  
CyberTech Institute, Inc.  
Grand Manor, Inc.

I have enclosed checks for each of these companies.

If there are any other forms or other information/documentation that is needed, please call me at (813)886-0004.

Thank You.

Sincerely,

  
Anne Frost

AF/ms

Encl. Annual Reports - 1997 & checks