


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

FILED

Feb 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000101016 (9)**

1. Corporation Name  
**CY-FI, INC.**



Principal Place of Business <del>3502 HENDERSON BLVD</del> <del>2ND FLOOR</del> <del>TAMPA FL 33609</del>	Mailing Address <b>533 S HOWARD AVE #B-33</b> <b>TAMPA FL 33606-2063</b>
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3. Date Incorporated or Qualified <b>12/13/1996</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number <b>59-3419931</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>17110 Carrington Park Blvd</b>	2a. Mailing Address <b>17110 Carrington Park Blvd</b>
Suite, Apt. #, etc. <b>#822</b>	Suite, Apt. #, etc.
City & State <b>Tampa, FL</b>	City & State
Zip <b>33647</b>	Country <b>USA</b>

9. Name and Address of Current Registered Agent <b>WHITE, DANIEL T</b> <del><b>3502 HENDERSON BLVD</b></del> <del><b>2ND FLOOR</b></del> <del><b>TAMPA FL 33609</b></del>	
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10. Name and Address of New Registered Agent	
81 Name <b>DANIEL T. WHITE</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>17110 Carrington Park Blvd. #822</b>	
83	
84 City <b>Tampa</b>	85 Zip Code <b>FL 33647</b>

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **Daniel T. White** **2/12/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D, C, P</b>
1.3 STREET ADDRESS	<b>Daniel T. White</b>
1.4 CITY-ST-ZIP	<b>17110 Carrington Park Blvd. #822</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>TAMPA, FL 33647</b>
2.3 STREET ADDRESS	<b>D, S, T, V</b>
2.4 CITY-ST-ZIP	<b>Elizabeth White</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>17110 Carrington Park Blvd. #822</b>
3.3 STREET ADDRESS	<b>TAMPA, FL 33647</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, for on an attachment with an address.

SIGNATURE: *[Signature]* **Daniel T. White** **2-12-97**  
Signature, typed or printed name of signing officer or director Date Daytime Phone # **0007312**

CR2E034 (9/96)