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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **P97000012154 (5)**

1. Corporation Name
CYBERWARDS CORPORATION

Principal Place of Business: 6H LEXINGTON LANE EAST, PALM BEACH GARDENS FL 33420

Mailing Address: POST OFFICE BOX 33538, PALM BEACH GARDENS FL 33420-3538

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1997

4. FEI Number: 65-0725044 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [X] — $5.00 May Be Added to Fees

8. This corporation owns or has paid the current year Intangible Personal Property Tax due June 30 [ ] Yes [X] No — Not yet

2. Principal Place of Business / 2a. Mailing Address (changes): 21 Suite, Apt. #, etc. / 22 City & State / 23 Zip / 24 Country / 25 / 26 Suite, Apt. #, etc. / 27 City & State / 28 Zip / 29 Country / 30

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 [illegible]

SIGNATURE [illegible]

12. OFFICERS AND DIRECTORS

TITLE	PSTD	[ ] DELETE
NAME	CAREY, MARY ELLEN	
STREET ADDRESS	6H LEXINGTON LANE EAST	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33420	
TITLE	D	[ ] DELETE
NAME	SEIFERT, RALPH	
STREET ADDRESS	6H LEXINGTON LANE EAST	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33420	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I 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 report or supplemental 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 [illegible]

Mary Ellen Carey — 9/2/98 [illegible]

CR2E034 (1/97)