

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 14, 1999 8:00 am**  
**Secretary of State**

05-14-1999 90009 036 \*\*\*300.00

**DOCUMENT # P98000082924**

1. Corporation Name  
**CYBER GRAPHICS INSTITUTE, INC.**

Principal Place of Business

3081 E. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33308

Mailing Address

3081 E. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1998

4. FEI Number

65-0883120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 102 NE 2nd St.

Suite, Apt. #, etc.

22 270

City & State

23 Boca Raton FL

Zip Country

24 33432 25

2a. Mailing Address

26 102 NE 2nd St.

Suite, Apt. #, etc.

27 270

City & State

28 Boca Raton FL

Zip Country

29 33432 30

9. Name and Address of Current Registered Agent

MITTELBERG, BARRY  
2417 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065

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 agent 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME SWATT, RANDI  
STREET ADDRESS 3081 E. COMMERCIAL BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE VT ☒ DELETE

NAME REINBERGS, JOHN  
STREET ADDRESS 3081 E. COMMERCIAL BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

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

1.1 TITLE P ☐ Change ☐ Addition

1.2 NAME SWATT, RANDI  
1.3 STREET ADDRESS 102 NE 2nd St. Ste 270  
1.4 CITY-ST-ZIP Boca Raton FL 33432

2.1 TITLE VT ☐ Change ☐ Addition

2.2 NAME Reinbergs, John  
2.3 STREET ADDRESS 102 NE 2nd St. Ste 270  
2.4 CITY-ST-ZIP Boca Raton FL 33432

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT *Barry Mittelsberg* 5/30/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)