


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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F97000001543 (4)

1. Corporation Name
CARLISLE SYNTEC INCORPORATED



Principal Place of Business 250 S. CLINTON ST., #201 SYRACUSE NY 13202	Mailing Address 250 S. CLINTON ST., #201 SYRACUSE NY 13202
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 250 S. CLINTON STREET Suite, Apt. #, etc. 22 SUITE 201 City & State 23 SYRACUSE, NY Zip 24 13202		2a. Mailing Address 26 250 S. CLINTON STREET Suite, Apt. #, etc. 27 SUITE 201 City & State 28 SYRACUSE, NY Zip 29 13202		3. Date Incorporated or Qualified 03/14/1997	
				4. FEI Number 25-1781594	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301				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 officer 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, KEM W	1.2 NAME	JOHN W. ALTMAYER
STREET ADDRESS	250 S. CLINTON ST., #201	1.3 STREET ADDRESS	250 SOUTH CLINTON STREET, STE 201
CITY-ST-ZIP	SYRACUSE NY 13202	1.4 CITY-ST-ZIP	SYRACUSE, NY 13202
TITLE	VDC <input type="checkbox"/> DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, DENNIS	2.2 NAME	DENNIS J. HALL
STREET ADDRESS	250 S. CLINTON ST., #201	2.3 STREET ADDRESS	250 SOUTH CLINTON STREET, STE 201
CITY-ST-ZIP	SYRACUSE NY 13202	2.4 CITY-ST-ZIP	SYRACUSE, NY 13202
TITLE	SDC <input type="checkbox"/> DELETE	3.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, STEVEN	3.2 NAME	STEVEN J. FORD
STREET ADDRESS	250 S. CLINTON ST., #201	3.3 STREET ADDRESS	250 SOUTH CLINTON STREET, STE 201
CITY-ST-ZIP	SYRACUSE NY 13202	3.4 CITY-ST-ZIP	SYRACUSE, NY 13202
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, ROBERT J JR	4.2 NAME	ROBERT J. RYAN JR.
STREET ADDRESS	250 S. CLINTON ST., #201	4.3 STREET ADDRESS	250 SOUTH CLINTON STREET, STE 201
CITY-ST-ZIP	SYRACUSE NY 13202	4.4 CITY-ST-ZIP	SYRACUSE, NY 13202
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 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.

SIGNATURE: **X** *S. Ford* **4/2/98** **315-477-9133**

CR2E034 (10/97)