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FILED
Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000094231 (4)

1. Corporation Name
SYDRAN III, INC.



Principal Place of Business
C/O GRETCHEN R.H. VOSE
2705 W FAIRBANKS AVE
WINTER PARK FL 32789
US

Mailing Address
C/O GRETCHEN R.H. VOSE
2705 W FAIRBANKS AVE
WINTER PARK FL 32789-3314
US

3. Date Incorporated or Qualified 12/12/1995	3a. Date of Last Report 04/29/1996
4. FEI Number 59-3354379	Applied For Not Applicable
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 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	2a. Mailing Address
21 Suite Apt # etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
GRETCHEN R.H. VOSE
2705 W FAIRBANKS AVE
WINTER PARK FL 32789

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. 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		
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MATTHEW SCHOENBERG	
STREET ADDRESS	3000 EXECUTIVE PARKWAY STE 515	
CITY - ST - ZIP	SAN RAMON CA	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	KENNETH A FREED	
STREET ADDRESS	3000 EXECUTIVE PARKWAY, SUITE 515	
CITY - ST - ZIP	SAN RAMON CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STEVEN GROSSMAN	
STREET ADDRESS	3000 EXECUTIVE PARKWAY STE 515	
CITY - ST - ZIP	SAN RAMON CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RICHARD R. KARNS	
STREET ADDRESS	3000 EXECUTIVE PARKWAY STE 515	
CITY - ST - ZIP	SAN RAMON CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FRANK G. RACKSTRAW	
STREET ADDRESS	3000 EXECUTIVE PARKWAY, SUITE 515	
CITY - ST - ZIP	SAN RAMON CA	
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 type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
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, or on an attachment with an address.

SIGNATURE: _____ DATE: 2/24/97 DAYTIME PHONE #: 510 328 3315

CR2E034 (9/96)