


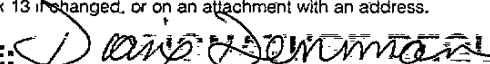
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 28 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 # F96000002023 (7) 1. Corporation Name SYRINX DEVELOPMENT, INC.					
Principal Place of Business 8535-3 BAYMEADOWS RD. #198 JACKSONVILLE FL 32256-7496			Mailing Address 8535-3 BAYMEADOWS RD. #198 JACKSONVILLE FL 32256-7496		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business			2a. Mailing Address		3. Date Incorporated or Qualified 04/23/1996
21	Suite, Apt. #, etc.		26	Suite, Apt. #, etc.	
22	City & State		27	City & State	
23	Zip		28	Zip	
24	Country		29	Country	
g. Name and Address of Current Registered Agent SIMMONS, SIDNEY S II ONE INDEPENDENT DR., STE. 3200 JACKSONVILLE FL 32202-5026			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	DELETE	1.1 TITLE	Change Addition	
NAME	DENMAN, MATTHEW		1.2 NAME		
STREET ADDRESS	8535-3 BAYMEADOWS RD. #198		1.3 STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL 32256-7496		1.4 CITY - ST - ZIP		
TITLE	V	DELETE	2.1 TITLE	Change Addition	
NAME	DENMAN, DIANE		2.2 NAME		
STREET ADDRESS	8535-3 BAYMEADOWS RD. #198		2.3 STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL 32256-7496		2.4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE	Change Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	Change 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 unchanged, or on an attachment with an address.

SIGNATURE:  REQUIRED

1-20-98 404-841-9473

CR2E034 (10/97)