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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600002023 (7)

SYRINX DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

FILED May 09 1997 8:00am Secretary of State



JACKSONVILLE FL 32256-7496			8535-3 BATMEADOWS ND. #198 JACKSONVILLE FL 32256						
						3. Date Incorporated or Qualified 04/23/1996	3a. Date of La	ist Report	
2. Principal Place of Business			2a. Mailing Address			4. FEI Number		Applied For	
21		26	26			59-3364047		Not Applicable	
Sulte, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			City & State		6. Election Campaign Financing	ign Financing \$5.00 May Be			
23		28	 		Trust Fund Contribution	Added to Fees			
Zip	Country		Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30						
	9, Name and Addres	ss of Current Regis	tered Agent		ZT:::	10. Name and Address of New Re	gisterea Agent		
	MONS, SIDNEY S II			8	1 Name			Į	
ONE INDEPENDENT DR., STE. 3200 JACKSONVILLE FL 32202-5026					82 Street Address (P.O. Box Number is Not Acceptable)				
				8	3				
				8	4 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 horeby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.									
SIGNATURE Signature, typod or printed name of registered agent and tirte if applicable (ND16: Registered Agent is gnature required when reinstating) DATE									
12.		FICERS AND DIREC		13.	geni s granne	ADDITIONS/CHANGES TO OFFICE		TORS IN 12	
TITLE	P	1100.107110.00110.00	DELETE	1.1 101.0	Т.	7,000,000,000,000,000	Char		
NAME	DENMAN, MATTHEY	N		1.2 NAM					
STREET ADDRESS 8535-3 BAYMEADOWS RD. #19					ET ADDRESS			3	
CITY-ST-ZIP	JACKSONVILLE FL			1	-ST-ZIP			Ş	
TITLE	V		☐ DELETE	21 1011			[] Char	nge [] Addition C	
NAME	DENMAN, DIANE			2.2 NAM	Į.				
STREET ADDRESS	8535-3 BAYMEADO	WS RD. #198	8 2.3		ET ADDRESS			}	
CITY-ST-ZIP	JACKSONVILLE FL	32258-7496			-S1-ZIP	·	•		
TITLE			DELETE	3.1 TITLE			Char	nge Addition	
NAME				3.2 NAM	E }				
STREET ADDRESS	İ			3.3 S1RE	ET ADDRESS				
CITY-ST-ZIP	<u> </u>			3.4. Cil y	- S1 - ZIP			ļ	
TITLE			☐ DELETE	4.1 7(1).8			Char	nge Addition	
NAME				4. 2 NAM	16				
STREET ADDRESS				4.3 STRE	ET ADDRESS			-	
CITY-ST-ZIP				44 DITY	- ST - 7/P				
TITLE			☐ DELETE	51 MILE			☐ Char	nge [] Addition	
NAME				5.2 NAM	Ε				
STREET ADDRESS				5.3 \$1RE	E1 ADDRESS				
CITY-ST-ZIP				5.4 ÇITY	- ST - ZIP				
TITLE			DELETE	6.1 TITLE		-	Char	nge [] Addition	
NAME	Ì			6.2 NAM	E				
STREET ADDRESS				6.3 \$TRE	et address				
CITY-ST-ZIP				6.4 CITY					
14, I do here	by certify that the informa	ation supplied with the	nis filing does not qualif	y for the ea	kemption st	ated in Section 119.07(3)(i), Florida Statutes	s. 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 society 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 or at attachment with an address.