Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90024 001 \*\*\*150.00

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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600003178

1. Corporation Name

	SYNC, II	NC. OF G	ieorgia												
Principal Place of Business Mailing Address											I SOBILITO ISSO IBAID DISIS DOLLI BOSI	<b>       </b>	<b>JACOB</b> DORĐU LEĐAJ L	1681 (911 108)	
13111 BRIANS CREEK VALLEY 13111 BRIANS CREEK VALLE JACKSONVILLE FL 32224 JACKSONVILLE FL 32224							LEY	Y							
US					US						DO NOT WRITE IN THIS SPACE				
										3.	Date Incorporated or Qualifed 06/24/1996				
2.	. Principal Place of Business				2a. Mailing Address					4.	FEI Number		App	lied For	
21					26						58-2069922			Applicable	
	Suite, Apt.	e, Apt. #, etc.			Suite, Apt. #, etc.					5.	Certificate of Status Desired		\$8.75 A		
22					27								Fee Rec	quired	
	City & State	& State			City & State					6.	Election Campaign Financing	П	\$5.00		
23					28						Trust Fund Contribution	<u> </u>	Added to	Fees	
Щ	Zip		Country	<u> </u>	Zip			untry		8.	This corporation owes the current	nt year Inta		\	
24			25	29		AT	30				Personal Property Tax.			No	
Name and Address of Current Registered Agent										10.	Name and Address of New Re	gistered /	Agent		
CTINCON CHADON								81	Name					}	
	STINSON, SHARON							82	Street	Address (P	O. Box Number is Not Acceptab	le)	_		
18 HOPSON ROAD							Ш								
JACKSONVILLE FL 32250								83							
								84	City				85 Zip C		
								0-	City			FL	03   Zip 0	000	
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.														egistered istered	
SI	GNATURE														
								gistered Agent signature required			einstating) ADDITIONS/CHANGES TO OFFI	DATE AN	n DIRECTOR	2C IN 12	
	12. OFFICERS AND D				KECTORS				13.		ADDITIONS/CHANGES TO OFFI	CERS AN	Change	Addition	
		'					101111111111111111111111111111111111111		yone	CF, William Brians Creek	3.				
NAJ								1.2 NAME 13			Brians Creek	OC		ſ	
STF	PREET ADDRESS 910 QUAILRIDGE CT.  ORANGE PARK FL 32065												25		
_	Y-ST-ZIP		PARK FL 32065					ITY-S1	T-ZIP	عمر	insouville, Fi	2 - 2	Change	T A delition	
тп	LE	S				DELETE	2.1 7			secc.		A 3		☐ Addition	
NAJ	ME		SHARON N.				2.21			YUN	ich, Sharon Il Brians Cree Johnsonville, Fl	$\mathcal{N}_{\mathcal{N}_{\mathcal{N}_{\mathcal{N}_{\mathcal{N}}}}}$			
STF	BET ADDRESS 910 QUAILRIDGE CT.				2.3 \$			2.3 STREET ADDRESS		131	11 Brians Cree	( C C C	251	Į.	
CIT	CITY-ST-ZIP ORANGE PARK FL									30	, chsoncille, El	372	207		
THT	LE					☐ DELETE	3.1 1	ITLE					Change	☐ Addition	
NA	NAME					3.2 NAME									
STREET ADDRESS						3.3 STREET ADDRESS			ADDRESS	}					
CIT	CITY-ST-ZIP						3.4. CITY-ST-ZIP								
TIT	LE					DELETE	4.11	MLE					☐ Change	Addition )	
NAF	ME !						4.2	NAME						{	
STREET ADDRESS						4.3 STREET ADDRESS			ŀ				]		
	Y-ST-ZIP						4.4 (	ITY-ST	r-ZIP						
TITL						☐ DELETE	5.1 T	m.e			=		☐ Change	☐ Addition	

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 reference 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 ap attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

☐ Addition