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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000006247 (8)

SYNERGY BUSINESS SERVICES, INC.

FILED Jan 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									
3220 STIRLING ROAD STE. 101 3220 STIRLING ROAD STE. 10									
HOLLYWOOD FL 33021			HOLLYWOOD FL 33021				DO NOT THE PLANTS WE ARE		
							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified 12/02/1996		
2. Principal f	Place of Business	2a. N	Mailing Address				4. FEI Number Applied For		
21		26	· · · · · · · · · · · · · · · · · · ·				76-0438286 Not Applicable		
Suite, Apt	. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
22		27	· I · · · · · · · · · · · · · · · · · ·				Fee Required		
City & Sta	Ю	— — ¬	City & State				6. Election Campaign Financing \$5.00 May Be		
23 Zip	Country	28	Zip Country				Trust Fund Contribution		
24				шу		8. This corporation owes or has paid the current year Intangible			
24	25 29 30 30 30 30 30 30 30 3		30			Personal Property Tax due June 30. Y Yes No 10. Name and Address of New Registered Agent			
H	OLLAND, JOHNNY L				81	Name	TO. Hanto and Houses of New Hogistelet Agent		
3220 STIRLING ROAD STE. 101									
	OLLYWOOD FL 33021				62	Street Addre	ess (P.O. Box Number is Not Acceptable)		
'"	OLE 11100D 1 E 33021			<u> </u>	B3	· · · · · · · · · · · · · · · · · · ·			
				[1	64	Cily	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, it the State of Forida 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 physicians of, Section 607.0505, Florida Statutes.									
SIGNATURE	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	Z					1-12-98		
SIGNATURE	Signature, typed or printed name of registered	agent and title if a	ppricable (NO)	IE: Registered	Age	nt signature required	d when reinstating) DATE		
12.		AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCT		DELETE	1.1 TiTu	E.		Change Addition		
NAME	MAHER, MICHAEL J	4440		1.2 NAN	ИE				
STREET ADDRESS	2537 S. GESSNER, SUITE	#128		1.3 STR	EET	ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77063			1.4 CITY		1 - ZIP			
TITLE	VCVS		☐ DELETE	21 THL	.F		Change [] Addition		
NAME	HOLLAND, JOHNNY L	444		2.2 NAN	AE.				
STREET ADDRESS	3220 STIRLING ROAD STE	. 101		2.3 S1R	EET .	ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021			2. 4 CH		T - 2(P			
TITLE			☐ DELETE	3.1 TITL			☐ Change ☐ Addition		
NAME				3.2 NAM					
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP			DECETE	3.4. CIT		T-ZIP			
TITLE			☐ DELETE	4.1 TITL			Change Addition		
NAME				4. 2 NAM		1			
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP	<u> </u>			4.4 CHY	_	-ZIP			
TITLE			☐ DELETÉ	5.1 THL			Change Addition		
NAME				52 NAV					
STREET ADDRESS				- 1		ADDRESS			
CITY-ST-ZIP			DECE TE	5.4 CiTY		- ZIP			
TITLE			☐ DELETÉ	6.1 1111			☐ Change ☐ Addition		
NAME				6.2 NAM	ΙE				
STREET ADDRESS				6.3 STRE	EETA	ADDRESS			
CITY-ST-ZIP				6.4 CITY	'-S1	-ZIP			

14. Thereby 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 eath; that I am an officer or director of the corporation of the receiver of 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 changes, given an attachment with an address.