

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

000163

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

99 OCT -7 AM 10:47

**DOCUMENT # F98000003515**

1. Corporation Name  
**SYNERGY CORPORATE TECHNOLOGY LTD, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address  
19 KETCHUM ST. WESTPORT CT 06880

*[Handwritten Signature]*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21. **518 RIVERSIDE AVE.** 26. **518 RIVERSIDE AVE.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22. **WESTPORT CT** 27. **WESTPORT CT**  
City & State City & State  
23. **06880 USA** 28. **06880 USA**  
Zip Country Zip Country  
24. [25] [29] [30]

3. Date Incorporated or Qualified  
**06/22/1998**

4. FEI Number **06-1448451** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BECK, JAMES**  
1900 GLADES RD., STE 201  
BOCA RATON FL 33431

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **PCD BECK, JAMES**

STREET ADDRESS **150 BRENTWOOD AVE MILFORD CT**

CITY-ST-ZIP

TITLE  DELETE

NAME **VD UNSWORTH, STEVEN**

STREET ADDRESS **49 LAWRENCE AVE MILFORD CT**

CITY-ST-ZIP

TITLE  DELETE

NAME **SD BECK, MICHAEL**

STREET ADDRESS **200 ISLAND BLVD WILLIAMS ISLAND FL**

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS **65 Cranbury Road Norwalk CT 06851**

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS **2288 Elm Street Stratford CT 06415**

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS **3000030187**

3.4 CITY-ST-ZIP **-10/19/99--01079--001**

**\*\*\*\*\$550.00 \*\*\*\*\$550.00**

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **09/02/99** (203) 221-6465  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)