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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

1	JAL REPORT (	ORT Secretary of State  DIVISION OF CORPOR		,	Secretary of State			
DOCUI 1. Corporation		1358 (2)		<del></del>				
Principa: Place HWY, 441 P.O. 80X 1348	3	Mailing Address HWY, 441 P.O. BOX 1348	HWY. 441 P.O. BOX 1348					
MOUNT DORA	FL 32757	MOUNT DORA FL 32	757-1348		3. Date Incorporated or Qualified 09/27/1982	3a. Date of Last R 04/01/1996	eport	]
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 59-2240968	Ar	oplied For ot Applicable	1
Suite, Apt		Suite, Apt. #, etc			5. Certificate of Status Desired	□ \$8.75 / Fee Re	Additional equired	
City & State		City & State	·		Election Campaign Financing     Trust Fund Contribution	\$5.00 Added		
2(p)	Country Zip Country 25 29 30  9. Name and Address of Current Registered Agent			ntry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No  10. Name and Address of New Registered Agent			
		of Current Registered Agent		B1 Name	10. Name and Address of New He	gistered Agent		1
	IIUS, JAMES A.							1
HWY 444, #21811 MOUNT DORA FL 32757				82 Street A	Address (P.O. Box Number is Not Acceptat	de)		
mot	ONI DOINTE 32/3/			B3	The second secon	### * * * * * * * * * * * * * * * * * *		1
	4		}	84 City		85 Zip	Code	-
				1 1				_
office or r	to the provisions of Section registered agent, or both, in am familiar with, and accep	is 607.0502 and 607.1508, Florida S i the State of Florida Such change i t the obligations of, Section 607.050	itatutes, the at was authorized 5, Florida Stat	ove-named I by the corp utes.	corporation submits this statement for the poration's board of directors. I hereby acceptant	ourpose of changing it of the appointment as	registered registered	
SIGNATURE	Series of Synamore proceeds of Sheependa	registered agent and little if applicable	(NOTE: Registered	Agent signature	required when reinstating)	DATE		Ì
12.		CERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			<b>1</b>
1:TLF	P	DELETO	1.1 70	LE		Change	Addition	CR2E034 (9/96)
NAME	LANIUS, JAMES		1.2 NA	ME				象
STREET ADDRESS	HWY 441, PO BOX 1	348	1	REFT ADDRESS				ļμ
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THE		☐ DELET	£ 5.1 TI	TLE .		hange	Addition	
:AME			5.2 N/			3/,,		)
REET ADDRESS				REET ADORESS		1/11 12	,	
<u>\$1-7?</u>	*	DELETI		TY-ST-ZiP		Change	Addition	4
		L_ OLLI II	6.2 NA	)	20000211		Addition	
DRESS			1	reet address	20000211 -03/12/97010	11033		)
IP				IY-SI-Z⊮P	***165.00			

hereby certify that the information supplied with this filing does notiquality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the nation indicated on this annual report or supplemental a finual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that in officer or director of the corporation or the receiver or trustee/suppowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is in Block 12 or Block, 13 if changed, or on an attachment with an address.

OUEFD SIGNATURE AND TYPED OR PRINTED NAME OF JOHING OFFICER OR DIRECTOR

**FILED** 

Mar 11 1997 8:00am

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