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FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90146 002 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # G12627

1. Corporation Name

SYNDICATED CAPITAL FINANCIAL SERVICES CORP. INC.

Principal Place of Business

8660 COLLEGE PKWY  
SUITE 230  
FT. MYERS FL 33919  
US

Mailing Address

P.O. BOX 07478  
FT. MYERS FL 33919  
US

2. Principal Place of Business

21 1620 Medical Lane  
Suite, Apt. #, etc.

22 Suite 148  
City & State

23 Fort Myers  
Zip Country

24 FL 25 USA

2a. Mailing Address

26 P.O. Box 07478  
Suite, Apt. #, etc.

27 City & State

28 Fort Myers  
Zip Country

29 33919 30 USA

9. Name and Address of Current Registered Agent

O'REILLY, LAWRENCE P.  
15415 PINERIDGE RD  
FT. MYERS FL 33908

3. Date Incorporated or Qualified

12/13/1982

4. FEI Number

59-2505757

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

10. Name and Address of New Registered Agent

81 Name JR SORGI

82 Street Address (P.O. Box Number is Not Acceptable)

1620 Medical Lane Ste. 148

83

84 City Fort Myers

FL

85 Zip Code

33907

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☒ DELETE  
NAME NAIRNE, JAMES C.  
STREET ADDRESS 15415 PINERIDGE RD  
CITY-ST-ZIP FT. MYERS FL

TITLE VD ☒ DELETE  
NAME O'REILLY, LAWRENCE P.  
STREET ADDRESS 15415 PINE RIDGE RD  
CITY-ST-ZIP FT MYERS FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 PRESIDENT ☒ Change ☐ Addition  
1.2 NAME JR SORGI  
1.3 STREET ADDRESS 1620 MEDICAL LANE STE 148  
1.4 CITY-ST-ZIP FT. MYERS, FL 33907

2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition  
2.2 NAME N. SORGI  
2.3 STREET ADDRESS 1620 MEDICAL LANE STE 148  
2.4 CITY-ST-ZIP FT. MYERS, FL 33907

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)