

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jan 29 1997 8:00 am  
Secretary of State

DOCUMENT # H30941 (9)

1. Corporation Name  
SYNADYNE III, INC.



Principal Place of Business  
8000 N. FEDERAL HWY.  
BOCA RATON FL 33487-1620

Mailing Address  
8000 N. FEDERAL HWY.  
BOCA RATON FL 33487-1620

3. Date Incorporated or Qualified 11/21/1984	3a. Date of Last Report 03/14/1996
4. FEI Number 59-2467325	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1144 E. Newport Center Drive Suite, Apt. #, etc.	2a. Mailing Address 26 1144 E. Newport Center Drive Suite, Apt. #, etc.
22 City & State Deerfield Beach FL	27 City & State Deerfield Beach FL
23 Zip Country 33442 USA	28 Zip Country 33442 USA

9. Name and Address of Current Registered Agent

LEFCORT, ROBERT  
8000 N. FEDERAL HIGHWAY  
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name Robert A. Lefcort
82 Street Address (P.O. Box Number is Not Acceptable) 1144 E. Newport Center Drive
83 City Deerfield Beach FL
84 Zip Code 33442

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Vice President + Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURRELL, PAUL M.		1.2 NAME	
STREET ADDRESS 8000 N FEDERAL HWY		1.3 STREET ADDRESS 1144 E. Newport Center Drive	
CITY - ST - ZIP BOCA RATON FL		1.4 CITY - ST - ZIP Deerfield Beach FL 33442	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE President + Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BELLO, JOSEPH F.		2.2 NAME	
STREET ADDRESS 8000 N FEDERAL HWY		2.3 STREET ADDRESS 1144 E. Newport Center Drive	
CITY - ST - ZIP BOCA RATON FL		2.4 CITY - ST - ZIP Deerfield Beach FL 33442	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE Secretary, Treasurer + Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOMLINSON, ROBERT E.		3.2 NAME	
STREET ADDRESS 8000 N FEDERAL HWY		3.3 STREET ADDRESS 1144 E. Newport Center Drive	
CITY - ST - ZIP BOCA RATON FL		3.4 CITY - ST - ZIP Deerfield Beach FL 33442	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHUBERT, LAWRENCE H.		4.2 NAME	
STREET ADDRESS 8000 N FEDERAL HWY		4.3 STREET ADDRESS	
CITY - ST - ZIP BOCA RATON FL		4.4 CITY - ST - ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORELLI, LOUIS A.		5.2 NAME	
STREET ADDRESS 8000 N FEDERAL HWY		5.3 STREET ADDRESS	
CITY - ST - ZIP BOCA RATON FL		5.4 CITY - ST - ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHUBERT, AHN E.		6.2 NAME	
STREET ADDRESS 8000 N FEDERAL HWY		6.3 STREET ADDRESS	
CITY - ST - ZIP BOCA RATON FL		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul M. Burrell

1/9/97

Date

(954) 418-6428

Daytime Phone #

CR2E034 (9/96)