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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H52649 (1)

1. Corporation Name
CYN-GO INCORPORATED

Principal Place of Business

3101 E. 7TH AVE.
TAMPA FL 33605
US

Mailing Address

P.O. BOX 1284
VALRICO FL 33595-1284
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 3101 E. 7th Avenue

27 Suite, Apt. #, etc.

28 City & State

28 Tampa, Florida

29 Zip Country

29 33605

30 USA

3. Date Incorporated or Qualified
04/15/1985

3a. Date of Last Report
05/01/1996

4. FEI Number

59-2555577

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

ROBERT C. GOMEZ
3101 E. 7TH AVE.
TAMPA FL 33605

10. Name and Address of New Registered Agent

81 Name

Cynthia Gomez

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

3101 E. 7th Avenue

83

84 City

Tampa

FL

85 Zip Code
33605

11. Pursuant to the provisions of Sections 607.0102 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: *Cynthia Gomez* Cynthia Gomez, Registered Agent 1/17/97
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 VP
NAME GOMEZ, CYNTHIA
STREET ADDRESS 1804 SEFFNER VALRICO RD.
CITY-ST-ZIP VALRICO FL

DELETE

TITLE P
NAME GOMEZ, ROBERT C.
STREET ADDRESS 1804 SEFFNER VALRICO RD.
CITY-ST-ZIP VALRICO FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Secretary/
Director
1.2 NAME Cynthia Gomez
1.3 STREET ADDRESS 8422 Laurelawn Place
1.4 CITY-ST-ZIP Temple Terrace, FL 33637

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE Vice President/Treasurer/
Director
3.2 NAME Betty R. Terry
3.3 STREET ADDRESS Box 484/11701 Rhodine Rd
3.4 CITY-ST-ZIP Riverview, FL 33569

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 supplement to 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: *Cynthia Gomez* Cynthia Gomez, President/Secretary 1/17/97
Signature and typed or printed name of signing officer or director Date Daytime Phone # (813) 247-4444

CR2E034 (9/96)