

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K07856** (3)

1. Corporation Name
SYDOR ASSOCIATES, INC.



Principal Place of Business
**1631 RIVERVIEW RD 301
PO BOX 1190
DEERFIELD BEACH FL 33443-1190
US**

Mailing Address
**1629 RIVERVIEW RD., #320
P.O. BOX 1190
DEERFIELD BEACH FL 33433-1190
US**

3. Date Incorporated or Qualified **12/18/1987** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 **1631 RIVERVIEW RD #301**
Suite, Apt. #, etc.
22
City & State
23 **DEERFIELD BEACH, FL**
Zip
24 **33441** Country
25 **BROWARD**
2a. Mailing Address
26 **1631 RIVERVIEW RD, #301**
Suite, Apt. #, etc.
27
City & State
28 **DEERFIELD BEACH, FL**
Zip
29 **33441** Country
30 **BROWARD**

4. FEI Number **65-0019072** 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

10. Name and Address of New Registered Agent

**SYDOR, KARL J.
1631 RIVERVIEW RD 301
~~3050 N. FEDERAL HIGHWAY~~
DEERFIELD BEACH FL 33441**

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 **KARL J. SYDOR**
Signature, typed or printed name of registered agent, and (if applicable)

(NOTE: Registered Agent's signature required when reissuing)

DATE **4/30/96**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	PST SYDOR, KARL J.	1631 RIVERVIEW RD 301	DEERFIELD BCH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **KARL J. SYDOR** (KARL J. SYDOR) **4/30/96** **305-360-7031**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)