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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996DOCUMENT #

K10260

(3)

FILED Mar 14 1996 8:00 am Secretary of State

8	SYNADYNE I, INC.					 					
Princi	pa' Place of Business	Mailing Address	Mailing Address								
8000 N FEDERAL HWY BOCA RATON FL 33487-1620		8000 N FEDERAL HWY BOCA RATON FL 33487-1620									
						3. Date incorporated or 0 12/31/1987	Qualified	3a. Date 02/	of Las 14/1	•	
2 . Pri	incipal Place of Business	2a. Mailing Addre	SS	*		4. FEI Number				Applied For	
21		26				65-002 1598				Not Applicable	
22 Su	ite, Apt. #, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status D	esired			. 75 Additional ee Required	
Cit 23	ly & State	City & State	F- 1 '			6. Election Campaign Fin Trust Fund Contributio	_			.00 May Be ided to Fees	
Zıç 24	Country 25	h == 1 ' ' h == 1 " h == 1 " " h == 1 " " " h				8. This corporation has li Florida Statutes	bility for in		unde	rs 199.032,	
	9. Name and Address of Curi	rent Registered Agent	stered Agent		10. Name and Address of New Registered Agent						
				81	Name						
LEFCORT, ROBERT 8000 N. FEDERAL HIGHWAY					Street Address	ess (P.O. Box Number is Not Acceptable)					
В	OCA RATON FL 33487			83							
				84	City			FL	85	Zip Code	
0	Tursuant to the provisions of Sections 607.05 or registered agent, or both, in the State of Fl nimiliar with, and accept the obligations of, Se	onda. Such change was a	uthorized by the	corpx	named corporal oration's board	tion submits this statement f of directors. I hereby accep	or the purp t the appo	oose of chan ointment as r	iging i egiste	ts registered office red agent. I am	
SIGN	ATURE .										
	Signatura, Typied or printe o name of registered ag			Agen	t signature required v			DATE			
12.	OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					

SIGNATURE	Signature, Typied or printed name of registerest ages it and title if app	F.ablc (NOT)	E: Registered Agent signature i	required when reinstating!	DATE
12.	OFFICERS AND DIRECT	ORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
THEF	D	□ DELETE	1. 1 TITLE	,	€hange ☐ Addition
NAME	SCHUBERT, ALAN E.		1.2 NAME	8000 N. Fedoral II. L.	
STREET ADDRESS	305 N VICTORIA PARK ROAD		1.3 STREET ADDRESS	To rest there is in hours	
CITY ST ZIF	FT. LAUDERDALE FL		1.4 CITY+ST+ZIP	Bica Federal Highway	
THLE	D	DELETE	2 1 TIFLE	7	Change Addition
NAME	MORELLI, LOUIS A.		2.2 NAME	. ,	
STREET ADDRESS	1807 BELTER COURT		2.3 STREET ADDRESS	8001 N. Federal Highway	1
COLY ST ZOF	GENEVA IL		2.4 CITY - ST - ZIP	Boca Ratin Fe 33487	
TIFLE	SD7	DELETE	3 1 TITLE	Delete Treasurer	Change
NAME	SCHUBERT, LAWRENCE H.		3.2 NAME	,	
STREET ADDRESS	44 69 WOODFIELD B LVD.		33 STREET ADDRESS	2000 N. Federal Highway	
C-TY-ST-ZIF	BOGA RATON FL		3.4 CITY - ST - ZIP	Book N. Federal Highway Brea Ration FL 3345)
THEF	PyD	DELETE	4. 1 TITLE	Delete Vice President	Change 🔲 Addition
NAME	BURRELL, PAUL M.		4.2 NAME		
STREET ADDRESS	5200-GODFREY-ROAD		4.3 STREET ADDRESS	som N. Federal Highway	
Cily-SI-ZiP	POMPANO BEACH FL		4.4 CITY - ST - ZIP	Buc Rutin Pe 33417	
Titlef	Vice President	□ DELETE	5 1 THILE	,	Change Addition
NAMi	Joseph F. Bello		5.2 NAME		
STEELT ADDRESS	Secon Tederal Hyphuras		5 3 STREET ADDRESS		
CITY - ST - ZIP	Dacy Rates, Fe 3>487		5 4 CITY - SI - ZIP		
THILE	Tressyrer	☐ DEFELE	6 1 TITLE		Change Addition
NAME	Retard E Tombinson		6 2 NAME		
STREET ADDRESS	Posa N. Codow 1 11 Lana		6.3 STREET ADDRESS		

64 CITY ST-ZIP

14. I do hereby cortify 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 angual 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 distribution of 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 chapter 607 attachment with an address.

SIGNATURE:

NATURBAND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/16 (407) 997-5000 X 264

CR2E034 (12/95)