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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **K10260** **(3)**

1. Corporation Name
SYNADYNE I, 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: **12/31/1987**
3a. Date of Last Report: **03/14/1996**

2. Principal Place of Business
21: 1144 E. Newport Center Drive
22: Suite, Apt. #, etc: —
23: City & State: Deerfield Beach FL
24: Zip: 33442
25: Country: USA

2a. Mailing Address
26: 1144 E. Newport Center Drive
27: Suite, Apt. #, etc: —
28: City & State: Deerfield Beach FL
29: Zip: 33442
30: Country: USA

4. FEI Number: **65-0021598** ☐ 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

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:
84 City: Deerfield Beach FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHUBERT, ALAN E. 8000 N. FEDERAL HIGHWAY BOCA RATON FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Secretary David Hirze 1144 E. Newport Center Drive Deerfield Beach, FL 33442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORELLI, LOUIS A. 8000 N FEDERAL HWY BOCA RATON FL 33487-1620	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHUBERT, LAWRENCE H. 8000 N. FEDERAL HIGHWAY BOCA RATON FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BURRELL, PAUL M. 8000 N. FEDERAL HIGHWAY BOCA RATON FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Vice President + Director 1144 E. Newport Center Drive Deerfield Beach, FL 33442	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BELLO, JOSEPH F 8000 N. FEDERAL HIGHWAY BOCA RATON FL 33487	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	President + Director 1144 E. Newport Center Drive Deerfield Beach, FL 33442	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TOMLINSON, ROBERT E 8000 N. FEDERAL HIGHWAY BOCA RATON FL 33487	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Treasurer + Director 1144 E. Newport Center Drive Deerfield Beach, FL 33442	☒ Change ☐ Addition

CR2E034 (9/96)

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] Paul M. Burrell 1/9/97 (954)418-6428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #