


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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90207 049 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # K10260</b> 1. Corporation Name <b>SYNADYNE I, INC.</b>					
Principal Place of Business <b>1144 E NEWPORT CENTER DR</b> <b>DEERFIELD BCH FL 33442</b> <b>US</b>			Mailing Address <b>1144 E NEWPORT CENTER DR</b> <b>DEERFIELD BCH FL 33442</b> <b>US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>12/31/1987</b> 4. FEI Number <b>65-0021598</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>LEFCORT, ROBERT</b> <b>1144 E NEWPORT CENTER DR</b> <b>DEERFIELD BCH FL 33442</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>S</b> NAME <b>HINZE, DAVID</b> STREET ADDRESS <b>1144 E NEWPORT CTR DR</b> CITY-ST-ZIP <b>DEERFIELD FL</b>			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <b>VPD</b> NAME <b>BURRELL, PAUL M.</b> STREET ADDRESS <b>1144 NEWPORT CTR DR</b> CITY-ST-ZIP <b>DEERFIELD BCH FL</b>			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <b>PD</b> NAME <b>GUETO, BENJAMIN</b> STREET ADDRESS <b>1144 NEWPORT CTR DR</b> CITY-ST-ZIP <b>DEERFIELD BCH FL 33442</b>			3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <b>ROBERT A. LEFCORT</b> 3.3 STREET ADDRESS <b>1144 EAST NEWPORT CENTER DRIVE</b> 3.4 CITY-ST-ZIP <b>DEERFIELD BCH FL 33442</b>		
TITLE <b>TD</b> NAME <b>TOMLINSON, ROBERT E</b> STREET ADDRESS <b>1144 E NEWPORT CTR DR</b> CITY-ST-ZIP <b>DEERFIELD BCH FL</b>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <b>TREASURER</b> 4.3 STREET ADDRESS <b>SCOTT R. FRANCIS</b> 4.4 CITY-ST-ZIP <b>(same)</b>		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I 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, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #