

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K29758** (5)
1. Corporation Name
CONCEPT: SYNERGY, INC.

Principal Place of Business 4000 S 57 AVE 202CS LAKE WORTH FL 33463 US	Mailing Address P O BOX 3285 PALM BEACH FL 33480-1485 US
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2. Principal Place of Business 21 16015 SW Farm Rd Suite, Apt. #, etc.		2a. Mailing Address 26 PO Box 691867 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/18/1988	3a. Date of Last Report 04/22/1996
22 City & State 23 Indiantown, FL		27 City & State 28 Orlando, FL		4. FEI Number 65-0068970	Applied For Not Applicable
24 Zip 34956	25 Country USA	29 Zip 32860	30 Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SINCLAIR, MORGAAN 6500 PAMELA LANE W PALM BEACH 33405		10. Name and Address of New Registered Agent 81 Name Bradshaw, Taylor 82 Street Address (P.O. Box Number is Not Acceptable) 11214 Sher Ln 83 84 City Orlando, FL 85 Zip Code 32836	
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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. *Taylor Bradshaw* *Taylor Bradshaw* **4/28/97**
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 PURSEL, JACH 4000 S 57 AVE, SUITE 202CS LAKE WORTH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pursel, Jach 12179 So Aopoka Vineland Rd #136 Orlando, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTH, PENY 4000 S 57 AVE, SUITE 202CS LAKE WORTH FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition North, Peny 12179 So Aopoka Vineland Rd #136 Orlando, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTH, MICHAELL 4000 S 57 AVE, SUITE 202CS LAKE WORTH FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition North, Michael 12179 So Aopoka Vineland Rd #136 Orlando, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 in an attachment with an address.

SIGNATURE:

Jach Pursel

Jach Pursel, CFO 4/28/97

407/876-4973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0335541

CR2E034 (9/96)