

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K45135 (6)

1. Corporation Name

SYMTECH, INC.



Principal Place of Business

250 EAST DR  
SUITE B  
MELBOURNE FL 32904

Mailing Address

250 EAST DR  
SUITE B  
MELBOURNE FL 32904

3. Date Incorporated or Qualified

11/08/1988

3a. Date of Last Report

02/07/1995

2. Principal Place of Business

21 1893 West New Haven Ave

2a. Mailing Address

26 1893 West New Haven Ave

4. FEI Number

59-2921571

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

22 Suite, Apt. #, etc.  
22 SUITE 118

27 Suite, Apt. #, etc.  
27 SUITE 118

23 City & State  
23 West Melbourne

28 City & State  
28 West Melb. FL

24 Zip  
24 32904

25 Country  
25 BREUNO

29 Zip  
29 32904

30 Country  
30 USA

9. Name and Address of Current Registered Agent

DETTMER, DALE A.  
780 S APOLLO BLVD  
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

ENRICO IACOBI

82 Street Address (P.O. Box Number is Not Acceptable)

1893 W. New Haven Ave

83

UNIT 118

84

City  
W. Melbourne

FL

85 Zip Code  
32904

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*Enrico Iacobi*

DATE: Registered Agent signature required when not standing

29 APR 96

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCD  
IACOBI, ENRICO  
2605 DIPLOMAT DR.  
MELBOURNE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
ENRICO IACOBI II  
1893 WEST NEW HAVEN AVE SUITE 118  
West Melb, FL 32904

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE:

*Enrico Iacobi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone:

29 APR 96

407-690-2883

CR2E034 (12/95)