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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

D	0	CUMENT	#	K83263
	_			

1. Corporatio	n Name	•						
SYNERG	Y FINANCIAL GROUP, INC.	•						
• • • • • • • • • • • • • • • • • • • •						A TORANSA MORTANA DA STATE ATOM TORAN ATOMA CATA BA	II BIAIK BIBKI BIAIK P	
Principal Plac	e of Business	Mailing Address					il minit etati ninit n	/IBII 8/811 IBBI
6100 HOLLYWO		6100 HOLLYWOOD BLVD	<del>-</del>			•		
STE. #430	JOB BLVD.	STE. #430	•			}		
HOLLYWOOD F	L 33024	HOLLYWOOD FL 33024		DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Qualifed		
						04/25/1989		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ар	plied For
21		26				65-0123323		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	
22		27				S. SOMEON STATE OF THE PROPERTY OF THE PROPERT	Fee Re	
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Coun	itry		8. This corporation owes the current year	Intangible Yes	MNo
24	25	29	30			Personal Property Tax.  10. Name and Address of New Registers		<u> </u>
	9. Name and Address of Curren	t Registered Agent		81 Name		10. Name and Address of New Registers	u Ageiii	
GON	IZALEZ, JORGE E			o i i i i i i i	·			
	HOLLYWOOD BLVD.			82 Street	Addres	ss (P.O. Box Number is Not Acceptable)	•	
	#430		}	83			<del> </del>	
	LYWOOD FL 33024							
			-	84 City			L 85 Zip C	Code
44 5	t. t	2 and CO7 1509 Florida Stat	utes the ab	Ove-named	Cornor			registered
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Such change was tions of, Section 607.0505, F	authorized lorida Statu	by the corp tes.	oration	ation submits this statement for the purpose 's board of directors. I hereby accept the app	pointment as req	gistered
SIGNATURE							<u> </u>	
	Signature, typed or printed name of registered agen			gent signature	required w	when reinstating) DATE	AND DIRECTO	DC IN 12
12.		D DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PVS	☐ DELETE	1.1 TITL					
NAME	GONZALEZ, JORGE E	^	1.2 NAA					
STREET ADDRESS	6100 HOLLYWOOD BLVD. #43	0		REET ADDRESS	i			i
CITY-ST-ZIP	HOLLYWOOD FL 33024			Y-ST-ZIP			Change	Addition
TITLE	TD	C) DELETE	2.1 TITL		İ			
NAME	GONZALEZ, JORGE E.	* * 100	2.2 NAA					
STREET ADDRESS	6100 HOLLYWOOD BLVD. STE	. #430	2.3 STR	EET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33024				'			
TITLE	1	□ DELETE		Y-ST-ZIP	<u>'</u>		Change	Addition
		☐ DELETÉ	3.1 TITL	E		<u> </u>	☐ Change	Addition
NAME		☐ DELETÉ	3.1 TITL 3.2 NAA	E AE			☐ Change	☐ Addition
STREET ADDRESS		☐ DELETÉ	3.1 TITL 3.2 NAA 3.3 STR	E ME REET ADDRESS		<u> </u>	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			3.1 TITL 3.2 NAA 3.3 STR 3.4. CIT	.E ME REET ADDRESS Y-ST-ZIP			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITL 3.2 NAA 3.3 STH 3.4. CIT 4.1 TITL	.E ME REET ADORESS Y-ST-ZIP .E				
STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI	E ME MEET ADORESS Y-ST-ZIP ME				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.1 TITL 3.2 NAA 3.3 STF 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STF	E AE EET ADORESS Y-ST-ZIP E ME ME EET ADORESS				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITL 3.2 NAA 3.3 STF 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STF	E AE AE AE AE AE AE AE A A A A A A A A				
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STR 5.4 CIT	LE AE			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE		☐ DELETE	3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STR 5.4 CITT 6.1 TITL 6.2 NAA	LE AE			☐ Change	Addition

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 suppliemental armost 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 receive of instead 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 only in attachment with an address with all other like empowered.

SIGNATURE:

01/16/99 954-983-9609 Daytime Phone #