FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 14 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K89179** **(1)**

1. Corporation Name
SYNAGEN CAPITAL PARTNERS, INC.

Principal Place of Business	Mailing Address
% CHARLES E. HARRIS 1030 N. ORANGE AVE., STE. 300 ORLANDO FL 32801-1031 US	% CHARLES E. HARRIS 1030 N. ORANGE AVE., STE. 300 ORLANDO FL 32801-1031 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/18/1989**
3a. Date of Last Report: **04/14/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **59-2949498** ☐ 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

HARRIS, CHARLES E.
1030 N. ORANGE AVE.
SUITE 300
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, CHARLES E.	1.2 NAME	
STREET ADDRESS	3339 NORTHGLENN DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	☐ Change ☐ Addition
NAME	HEDGECOCK, SUZANNE D.	2.2 NAME	
STREET ADDRESS	507 E. MILLER ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HEGGESTAD, ARNOLD A.	3.2 NAME	
STREET ADDRESS	2230 NW 24TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, HJALMA E	4.2 NAME	
STREET ADDRESS	715 US HWY 98 BYPASS	4.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33525	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	D'ADAMO, JEFFREY A.	5.2 NAME	
STREET ADDRESS	4006 BARCELONA	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☒ Change ☐ Addition
NAME	BERTHY, BRENT A	6.2 NAME	DELETE ENTRY IN FULL
STREET ADDRESS	1467 SOUTHRIDGE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34616	6.4 CITY-ST-ZIP	

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)(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: _____ 4/7/95 407-422-1958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

005400 CP