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FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

3. Date Incorporated or Qualified

05/18/1989

3a. Date of Last Report

04/11/1996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPD
NAME HARRIS, CHARLES E.
STREET ADDRESS 3339 NORTHGLENN DR.
CITY-ST-ZIP ORLANDO FL 32808 ☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VST
NAME HEDGEcock, SUZANNE D.
STREET ADDRESS 507 E. MILLER ST.
CITY-ST-ZIP ORLANDO FL 32806 ☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HEGGESTAD, ARNOLD A.
STREET ADDRESS 2230 NW 24TH AVE.
CITY-ST-ZIP GAINESVILLE FL 32605 ☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME JOHNSON, HJALMA E
STREET ADDRESS 715 US HWY 98 BYPASS
CITY-ST-ZIP DADE CITY FL 33525 ☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME D'ADAMO, JEFFREY A.
STREET ADDRESS 4006 BARCELONA
CITY-ST-ZIP TAMPA FL 33629 ☒ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME BEACH, BRIAN C.
STREET ADDRESS 114 N. THORNTON AVENUE
CITY-ST-ZIP ORLANDO FL ☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REQUIRED

4/16/97

407-422-1958

CR2E034 (9/96)