

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

FILED  
Feb 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 **8801 Vistana Centre Drive** 26 **P. O. Box 568589**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **2nd Floor, Executive Office** 27  
City & State City & State  
23 **Orlando, FL** 28 **Orlando, FL**  
Zip Country Zip Country  
24 **32821** 25 **USA** 29 **32856** 30 **USA**

3. Date Incorporated or Qualified  
**05/18/1989**  
4. FEI Number **59-2949498** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional**  
Fee Required  
6. Election Campaign Financing ☐ **\$5.00 May Be**  
Trust Fund Contribution **Added to Fees**  
7. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

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  
**Charles E. Harris**  
82 Street Address (P.O. Box Number Is Not Acceptable)  
**8801 Vistana Centre Drive**  
83  
**2nd Floor, Executive Office**  
84 City **Orlando** **FL** 85 Zip Code **32821**

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 **Charles E. Harris**

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

(NOTE: Registered Agent signature required when reinstating)

**2/13/98**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	<b>CPO</b>			<input type="checkbox"/>
	<b>HARRIS, CHARLES E.</b>			
	<b>3339 NORTHGLENN DR.</b>			
	<b>ORLANDO FL 32806</b>			
	<b>VST</b>			<input type="checkbox"/>
	<b>HEDGECOCK, SUZANNE D.</b>			
	<b>507 E. MILLER ST.</b>			
	<b>ORLANDO FL 32806</b>			
	<b>D</b>			<input checked="" type="checkbox"/>
	<b>HEGGESTAD, ARNOLD A.</b>			
	<b>2230 NW 24TH AVE.</b>			
	<b>GAINESVILLE FL 32605</b>			
	<b>D</b>			<input checked="" type="checkbox"/>
	<b>JOHNSON, HJALMA E</b>			
	<b>715 US HWY 98 BYPASS</b>			
	<b>DADE CITY FL 33525</b>			
	<b>V</b>			<input checked="" type="checkbox"/>
	<b>BEACH, BRIAN C.</b>			
	<b>114 N. THORNTON AVENUE</b>			
	<b>ORLANDO FL</b>			
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 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.

2/13/98

407-239-3153

CR2E034 (10/97)