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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # L13778

(0)

SYNAGEN REAL ESTATE SERVICES, INC.

FILED Apr 23 1997 8:00am Secretary of State



Principal Place of Business Mailing Address							HTH OLDY ON	DH BIBHI BII	H OFOH IN
% CHARLES E. 1030 N. ORANG	HARRIS 3E AVE., SUITE 300	* CHARLES E. HARR	% CHARLES E. HARRIS 1030 N. ORANGE AVE., SUITE 300						
ORLANDO FL 3 US	28U - (UJ)	US						e of Last Report 1/1996	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-2969639	Not Applicable		
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State	^	City & State				& Flasting Compains Financing			
23	e.	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees			
Zip	Country	Zip	Coi	intry		8. This corporation has liability for in			
4	25	29	30			Florida Statutes	Yes 🖁	No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Reg	istered A	gent	
HAR	RIS, CHARLES E.			81	Name				
1030 N. ORANGE AVE.				82	Street Add	Idress (P.O. Box Number is Not Acceptable)			
SUITE 300									
ORL	ANDO FL 32801			83					
				64	City			<b>85</b> Zi	p Code
						poration submits this statement for the p tion's board of directors. I hereby accep	FL		
SIGNATURE	Suprature, types or printed name of registered a	gent and litle if applicable ND DIRECTORS	(NOTE: Registere	d Age	int signature requ	lred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIRECTO	ORS IN 12
TITLE	CPD	DELETE		IT) \$	<del></del>	7,001110110,011741020 10 01110		Chang	
NAME	HARRIS, CHARLES E.	La victi	1.24						
NAME STREET AODRESS	3339 NORTHGLENN DR.				ADORESS				
C/TY+ST+7)P	ORLANDO FL				5T- <b>Z</b> IP				
1/1/LF	VST	DELETE				3. 13.12. 3.13.13.13.13.13.13.13.13.13.13.13.13.13	•	Chang	e 🔲 Additio
NAME	HEDGECOCK, SUZANNE D		2.2 1	IAME					
STREET ADDRESS	507 E. MILLER STREET		2.3 9	TREET	ADDRESS				
Crty - St - ZiP	ORLANDO FL			CITY-	ST-ZIP				
1171.6	٧	☐ DELETE	3,1 7	ITLE				Chang	e 🔲 Additio
NAME	MACKAY, KENNETH H., JR.		3.2 N	IAME					
STREET ADDRESS	1232 SE 8 STREET		3.3 9	TREET	ADDRESS				
CITY-ST-ZIP	OCALA FL				ST-ZIP			7-1-5	4 4 4 4 1 1 1
TIFE		☐ DELETE	1	ITLE				Chang	e 🔲 Additio
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP		☐ DELETE		-	ST-ZIP			Chang	e 🔲 Additio
TITLE		ריין מנונוו						רייוטוט וייי	
NAME NAME LIBRORES				NAME	I ADDDECO				
STREET ADDRESS					FADDRESS				
TITLE		DELETE		ATLE	ST-ZIP			Chang	e Additi
NAME		الماعات		NAME					
STREET ADDRESS					T ADDRESS				
City-St-ZiP			8		ST-ZIP				
Ont-or-ZP	by certify that the information suppl	ied with this filing does not	qualify for the	PAR	mntion state	ed in Section 119.07(3)(i), Florida Statute	s I further	certify th	at the

4. 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 inducated on this annual eppirt or upplemental 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 corboration 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 charged, or on an attachment with an additions.

SIGNATURE:

GNATURE AND TYPED OR PHINTEGRAME OF SIGNING OF PORT OR PIRECTOR

4/16/97

407-422-1958

Daytimo Phone #