FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

• PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **L58930** **(3)**

1. Corporation Name
SYNERGISTIC TECHNOLOGIES, INC.

Principal Place of Business
100 RIALTO PLACE
510
MELBOURNE FL 32901
US

Mailing Address
100 RIALTO PLACE
510
MELBOURNE FL 32901
US

3. Date Incorporated or Qualified: 03/19/1990
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business
21 4450 N Enterprise Ct
Suite, Apt. #, etc.
22
City & State
23 Melbourne Florida
Zip 24 32934
Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, & State
28
Zip 29
Country 30

4. FEI Number: 59-3004269 — 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**
BOYD, JOEL E.
100 RIALTO PLACE #510
MELBOURNE FL 32901

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 — Signature of a member of the board of directors or authorized officer — Name of Registered Agent (if a corporation, see above) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	EDWARDS, JAMES B.	
STREET ADDRESS	670 WATERWOOD WAY	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	STD	☐ DELETE
NAME	MARGARET J. EDWARDS	
STREET ADDRESS	670 WATERWOOD WAY	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VPD	☑ DELETE
NAME	OLESIAK, MAREK R	
STREET ADDRESS	282 NEVILLE CIRCLE NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: Margaret J. Edwards — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 — Date

407-242-9641 — Daytime Phone #

CR2E034 (12/95)