


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90072 019 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N94000001779</b>					
1. Corporation Name <b>SYNERGY COHOUSING, INC.</b>					
Principal Place of Business P. O. BOX 102 DANIA FL 33004-0102 US			Mailing Address P.O.B OX 102 DANIA FL 33004-0102 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 5840 SW 36th Terrace		04/11/1994	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 Fort Lauderdale, FL		65-0492171	
24 Zip		29 33312		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 USA		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WINSTON, SARI 5840 SW 36 TERRACE FT LAUDERDALE FL 33312				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE <u>Sari Winston</u>		DATE <u>4/28/99</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VD
NAME	SHLIFER, GARY	1.2 NAME	Gary Shlifer
STREET ADDRESS	5840 SW 36 TERRACE	1.3 STREET ADDRESS	5840 SW 36th Terrace
CITY-ST-ZIP	FT LAUDERDALE FL 33312	1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33312
TITLE	VD	2.1 TITLE	PD
NAME	HOSKIN, CHRISTOPHER	2.2 NAME	Corey Yugler
STREET ADDRESS	5840 SW 36 TERRACE	2.3 STREET ADDRESS	5840 SW 36th Terrace
CITY-ST-ZIP	FT LAUDERDALE FL 33312	2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33312
TITLE	SD	3.1 TITLE	SD
NAME	YUGLER, COREY	3.2 NAME	Shana Alexander
STREET ADDRESS	5840 SW 36 TERRACE	3.3 STREET ADDRESS	5840 SW 36th Terrace
CITY-ST-ZIP	FT LAUDERDALE FL 33312	3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33312
TITLE	TD	4.1 TITLE	VD
NAME	HOSKIN, CHRISTINE	4.2 NAME	Alta Ross
STREET ADDRESS	5840 SW 36 TERRACE	4.3 STREET ADDRESS	5840 SW 36th Terrace
CITY-ST-ZIP	FT LAUDERDALE FL 33312	4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33312
TITLE		5.1 TITLE	VD
NAME		5.2 NAME	Sharon Villines
STREET ADDRESS		5.3 STREET ADDRESS	5840 SW 36th Terrace
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Fort Lauderdale, FL 33312
TITLE		6.1 TITLE	TD
NAME		6.2 NAME	Sari Winston
STREET ADDRESS		6.3 STREET ADDRESS	5840 SW 36th Terrace
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Fort Lauderdale, FL 33312

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Sari Winston **SIGNATURE REQUIRED** Sari Winston 4/28/99 (954) 962-8136  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)