


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000002184 (9)			
1. Corporation Name SYNERGY OF UNIVERSAL LIGHT, INC.			
Principal Place of Business 6220 ALMOND TERR PLANTATION FL 33317-2500		Mailing Address 6220 ALMOND TERR PLANTATION FL 33317-2500	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
METRAUX, FRANCOIS 6220 ALMOND TERR PLANTATION FL 33317-2500		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 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 _____ (NOTE: Registered Agent signature required when reinstating)			
DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	
D METRAUX, GINGER C 6220 ALMOND TERR PLANTATION FL 33317-2500		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	
D METRAUX, FRANCOIS 6220 ALMOND TERR PLANTATION FL 33317-2500		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	
D SEELY, ADRIANAH 1900 SANS SOUCI BLVD #320 MIAMI FL 33181		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	
D DAHLGARD, IAN 13921 SW 79 ST MIAMI FL 33183		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	
D [Blank] [Blank] [Blank]		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	
D [Blank] [Blank] [Blank]		61 TITLE 62 NAME 63 STREET ADDRESS 64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>F. Metraux</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/27/96 (305) 321-5565 Date Daytime Phone #	



3. Date Incorporated or Qualified 04/29/1994	3a. Date of Last Report 02/28/1995
4. FEI Number APPLIED FOR	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	