## **FILE NOW: FILING FEE IS \$61.25**

Mailing Address
6220 ALMOND TERR

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

6220 ALMOND TERR

NAME

STREET ADDRESS

appears in Block 12 or Block 13 if changed,

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400002184 (9)

SYNERGY OF UNIVERSAL LIGHT, INC.

PLANTATION FL 33317-2500 PLANTATION FL 33317-2500 3. Date Incorporated or Qualified 3a. Date of Last Report 04/29/1994 02/27/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For NOT APPLICABLE Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additionat 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution П 23 28 Added to Fees Country Country Zıp Zip This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name METRAUX, FRANCOIS 82 Street Address (P.O. Box Number is Not Acceptable) 6220 ALMOND TERR A3 PLANTATION FL 33317-2500 84 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ■ DELETE 1.1 TITLE Change Addition TITLE METRAUX, GINGER C 1.2 NAME NAME **6220 ALMOND TERR** 1.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 33317-2500 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE METRAUX, FRANCOIS 2.2 NAME NAME **6220 ALMOND TERR** 2.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 33317-2500 2. 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE D 3.1 TITLE NAME SEELY, ADRIANAH 3.2 NAME 8054 NW 10TH ST. 3.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL 33322** CITY - ST - ZIP 3.4. CITY - ST - ZiP DELETE Change Addition 4.1 TITLE TITLE DAHLGARD, IAN NAME 4.2 NAME 13921 SW 79 ST STREET ADDRESS 43 STREET ADDRESS **MIAMI FL 33183** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition THILE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST-ZIP DELETE Change Addition 6.1 TITLE TITLE

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DATE OF SIGNING OF SIGNING OFFICER OR DATE OF SIG

or on all attackedent with an address

6.2 NAME

14. 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 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

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP