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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P19532 (1)

SYNCAR CORPORATION

FILED

Feb 19 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address					4 HARIFARI IDA EIRIA IRIRI BIIRB AHAM HIRE BIRK	nings Binst nintt nintt bintt binst fålt
101 PARK AVENUE SUITE 3500 101 PARK AVENUE SU ATTN: ROMAN A. BNINSKI ATTN: ROMAN A. BNI NEW YORK NY 10178-0061 NEW YORK NY 10178-0		SKI		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 06/06/1988	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			58-1791491	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	iry	8. This corporation owes or has paid the	
24	25 9. Name and Address of Cur	rent Registered Agent	[30]		Personal Property Tax due June 30.	∐ Yes ☐ No
TU			8	1 Name	10. Name and Address of New Register	red Agent
	E PRENTICE-HALL CORPORA	HION STSTEM INC.	Ĺ			
1201 HAYS STREET SUITE 105		8	2 Street Addr	ess (P.O. Box Number is Not Acceptable)		
	LLAHASSEE FL 32301		8	3		
			Ļ			
			8	4 City	6	85 Zip Code
office of r	e giste red agent, or both, in the St	ate of Florida. Such change was:	authorized I	by the corporati	oration submits this statement for the purposion's board of directors. I hereby accept the	o of changing its registered
agent. I a	m familiar with, and accept the ob	oligations of, Section 607.0505, Fi	orida Statut	es.	and some or consistent ments, according	appointment de registeres
SIGNATURE	Signature, typed or printed name of registered	avoid and it a if payle white	E. Doolstoned A	gent signature require		
12.		AND DIRECTORS	13.	gent signature require	ed when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS	
TITLE	SDV	☐ DELETE	1.1 TITLE		TIODITION OF BUTOLOGICAL	Change Addition
NAME	BNINSKI, ROMAN A.		1.2 NAME	<u> </u>		
STREET ADDRESS	101 PARK AVENUE #3500		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		1.4 CITY	-ST-ZIP		
TITLE	VTD	☐ DELETE	2.1 TITLE			Change Addition
NAME	Berlin, Alan S.		2.2 NAME			
STREET ADDRESS	101 PARK AVENUE #3500	1	2.3 STREE	ET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		2 4 City	-ST-ZIP		
TITLE		DELE TE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		T or ore	3.4. CITY			
TITLE		☐ DELETE	. 4.1 TITLE			☐ Change ☐ Addition
NAME CINCEL ADDRESS			4. 2 NAMI			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELET E	4.4 CITY-	ST-ZIP		Change
NAME		☐ vetet€	5.1 TITLE			☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME			ŀ
CITY-ST-ZIP				T ADDRESS		
TITLE		DELETE	5.4 CITY - 6.1 TITLE	21- ZIP		Change Addition
NAME		_ varie	6.2 NAME			ET OLIKINGS ET MOULTON
STREET ADDRESS		7		T ADDRESS		ļ
CITY-ST-ZIP			64 CITY			

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 of 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 50 an articlement with an address.