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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000057464

1. Corporation SYNERG		J37 <del>404</del>									
Principal Place of Business Mailing Address								### ##################################	. Attit ikkit misto .		
2326 OAK DRIVE 2326 OAK DRIVE FORT PIERCE FL 34949							DO NOT	WRITE IN THIS	S SPACE		
						3.	Date Incorporated or Qua	lifed			
Principal Place of Business     2a. Mailing Address						4.	FEI Number		Apr	olied For	
21 26							65-0433199		Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							Certificate of Status Desir	ed 🗍	\$8.75 △		
22 27						J.	Certificate of Status Desir		Fee Re	quired	
	City & State City & State			6. Election Campaign Financing \$5.00 Trust Fund Contribution Added							
Zip	Country	Zip	Countr	гу	-	8.	This corporation owes the	current year Ir	tangible		
24	25	29	30				Personal Property Tax.			□No	
	9. Name and Address of Current	Registered Agent				10.	Name and Address of N	lew Registered	Agent		
			8	1	Name						
ANKIEL, RAYMOND L 2326 OAK DRIVE				2	Street Add	lress (F	O.O. Box Number is Not Ac	cceptable)	•=		
FORT PIERCE FL 34949				3					15		
(				14	City	FL 85 Zip Code					
11. Pursuant office or reagent. I as	to the provisions of Sections 607.0502 agistered agent, or both, in the State on m familiar with, and accept the obligati	ons at, Section 607.0303, Fibri	da Statute	₽ <b>5</b> .					of changing its intment as reg	registered gistered	
	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·		gent s	signature require		einstating) ADDITIONS/CHANGES T	DATE A	ND DIRECTO	DS IN 12	
12.	OFFICERS AND		13.				ADDITIONS/CHANGES T	O OFFICERS A	Change	Addition	
TITLE	D .	☐ DELETE	1,1 TITLE				,	•	☐ Glialige		
NAME	ANKIEL, DEBRA		1.2 NAME								
STREET ADDRESS				EETA	ADDRESS						
CITY-ST-ZIP				-ST-	ZIP				Change	Addition	
TITLE	D	☐ DELETE	2.1 TITLE		- 1				☐ Change	☐ Addition	
NAME	GOFF, RANDY	-	2.2 NAME		.		war		-		
STREET ADDRÉSS	5007 SAN DIEGO AVENUE	- <del>-</del> <del>-</del>	2.3 STRE		ADDRESS		•••				
CITY-ST-ZIP	FORT PIERCE FL 34949		2. 4 CITY		-ZIP					Addition	
TITLE	D	☐ DELETE	3.1 TITLE	E					Change	Audidon	
NAME	BAIDEME, TED		3.2 NAME								
STREET ADDRESS	3399 LEWIS STREET		3.3 STREE		ADDRESS						
CITY-ST-ZIP	FORT PIERCE FL 34981		3.4. CITY-5		-ZIP					- A 100	
TITLE		☐ DELETE	4.1 TITLE						☐ Change	Addition	
			4. 2 NAM	Æ	.						
1 AINNE 121	·		4.3 STRE	EETA	ADDRESS						
ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CITY-	-ST-	ZIP		11.55				
Ì		☐ DELETE	5.1 TITLE		1				☐ Change	Addition	
			5.2 NAMI								
····· i Aladiseladi			5.3 STRE	EETA	ADDRESS						

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 607. 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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SPATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

4/12/99 561-595-9117

Change

☐ Addition

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90013 034 \*\*\*150.00

-CR2E034 (11/98)