

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

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Feb 17, 1999 8:00am  
Secretary of State

02-17-1999 90092 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000067954

1. Corporation Name  
SYNERGISMO CORP.

Principal Place of Business  
1474-A W 84 ST  
HIALEAH FL 33014

Mailing Address  
1474-A W 84 ST  
HIALEAH FL 33014

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

3. Date Incorporated or Qualified	09/24/1993
4. FEI Number	65-0450132
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
Trust Fund Contribution	<input type="checkbox"/>
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

OSMAN, L. MICHAEL  
1474-A W 84 ST  
HIALEAH FL 33014

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSMAN, L. MICHAEL	1.2 NAME	
STREET ADDRESS	1474-A W 84 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33014	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSMAN, CRAIG A	2.2 NAME	
STREET ADDRESS	1474-A W 84 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33014	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSMAN, TY H	3.2 NAME	
STREET ADDRESS	9129 SADDLEBOW DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

*OSMAN, L. MICHAEL*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/99

305-823-1401

Date Daytime Phone #

CR2E034 (11/98)