

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000070570 (5)

1. Corporation Name

SYNERGY CONCEPTS, INC.



Principal Place of Business

516 N. FT. HARRISON AVE
CLEARWATER FL 34615

Mailing Address

516 N. FT. HARRISON AVE
CLEARWATER FL 34615

3. Date Incorporated or Qualified
10/05/1993

3a. Date of Last Report
06/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3214769

Applied For

Not Applicable

5. Certificate of Status Desired

EX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

□

Yes

XX

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASKIN, HAMDEN H III
516 N. FT. HARRISON AVE
CLEARWATER FL 34615

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

Signature typed or printed name of registered agent and board of directors

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

POST
JONES, NELSON
516 N. FT. HARRISON AVE
CLEARWATER FL 34615

□ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

D

JONES, NELSON

516 N. Ft. Harrison Avenue
Clearwater, FL 34615

Change Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST
BASKIN, HAMDEN H
516 N FT HARRISON AVE
CLEARWATER FL

□ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

P

DON SPROAT, JR.

104 Commerce Street
Lake Mary, FL 32746

Change Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

□ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

□ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

□ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

□ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

(813) 447-2994

CR2E034 (12/95)