
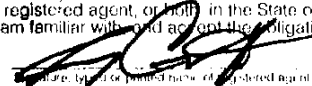
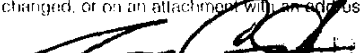


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000039426 (9) 1. Corporation Name SYNERGY FINANCIAL SYSTEMS, INC.			
Principal Place of Business 5100 W KENNEDY BLVD STE 195 TAMPA FL 33624 US		Mailing Address 5100 W KENNEDY BLVD STE 195 TAMPA FL 33624 US	
2. Principal Place of Business 21 5201 W. Kennedy Blvd. Suite, Apt. #, etc. 22 Suite 750 City & State 23 Tampa, Florida Zip Country 24 33609 25 USA		2a. Mailing Address 26 5201 W. Kennedy Blvd. Suite, Apt. #, etc. 27 Suite 750 City & State 28 Tampa, Florida Zip Country 29 33609 30 USA	
3. Date Incorporated or Qualified 05/25/1994		4. FET Number NOT APPLICABLE	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CARTRIGHT, JERRY 5100 W KENNEDY BLVD - STE 195 TAMPA FL 33624		10. Name and Address of New Registered Agent 81 Name JERRY CARTRIGHT 82 Street Address (P.O. Box Number is Not Acceptable) 5201 W. Kennedy Blvd. 83 Suite 750 84 City Tampa FL 85 Zip Code 33609	
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  JERRY CARTRIGHT PRESIDENT 4-26-98 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME CARTRIGHT, JERRY STREET ADDRESS 8705 LAKE PLACE LANE CITY-ST-ZIP TAMPA FL 33634		1.1 TITLE PD 1.2 NAME Cartright, Jerry 1.3 STREET ADDRESS 8705 Lake Place Lane 1.4 CITY-ST-ZIP Tampa, FL 33634	
TITLE D NAME CARTRIGHT, DONALD STREET ADDRESS 8705 LAKE PLACE LN CITY-ST-ZIP TAMPA FL 33634		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE V NAME MCCLURE, TERESA STREET ADDRESS 751 CORAL REEF DR CITY-ST-ZIP TAMPA FL		3.1 TITLE V 3.2 NAME McClure, Teresa 3.3 STREET ADDRESS 751 Coral Reef Drive 3.4 CITY-ST-ZIP Tampa, FL 33602	
TITLE V NAME James Thomas STREET ADDRESS 10326 Abbotsford Drive CITY-ST-ZIP Tampa, FL 33626		4.1 TITLE V 4.2 NAME James Thomas 4.3 STREET ADDRESS 10326 Abbotsford Drive 4.4 CITY-ST-ZIP Tampa, FL 33626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.			
SIGNATURE:  JERRY CARTRIGHT PRESIDENT 4-26-98 813-207-0000			

CFR2034 (10/97)