

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

FILED

Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P94000047051 (5)

1. Corporation Name
SYNERCO, INC.

Principal Place of Business
205 WORTH AVENUE
PALM BEACH FL 33480

Mailing Address
205 WORTH AVENUE
PALM BEACH FL 33480



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. Fed Number 65-0500423	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

O'NEIL, ALTON J
205 WORTH AVENUE
PALM BEACH FL 33480

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 607.1504, 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 the 4 applicable

officer, Register # & date signature required when circulating

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPT	☐ DELETE		11 TITLE	☐ Change ☐ Addition		
NAME	O'NEIL, ALTON J			12 NAME			
STREET ADDRESS	100 WORTH AVENUE			13 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL			14 CITY-ST-ZIP			
TITLE		☐ DELETE		21 TITLE	☐ Change ☐ Addition		
NAME				22 NAME			
STREET ADDRESS				23 STREET ADDRESS			
CITY-ST-ZIP				24 CITY-ST-ZIP			
TITLE		☐ DELETE		31 TITLE	☐ Change ☐ Addition		
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE		☐ DELETE		41 TITLE	☐ Change ☐ Addition		
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		☐ DELETE		51 TITLE	☐ Change ☐ Addition		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		☐ DELETE		61 TITLE	☐ Change ☐ Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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)(a), 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:

Alton J. O'Neil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/98

Exemption Number 0348679

CR2E034 (10/97)