

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

FILED

May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000070815 (3)

1. Corporation Name
SYLLA, INC.

Principal Place of Business

315 E. MADISON ST.
SUITE 807
TAMPA FL 33602

Mailing Address

315 E. MADISON ST.
SUITE 807
TAMPA FL 33602-4819



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/27/1994		3a. Date of Last Report 02/14/1996	
21 401 S. Florida Ave.		26 401 S. Florida Ave.		4. FEI Number 59-3270027		Applied For ☒ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
22 Suite 300		27 Suite 300		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
23 Tampa, FL		28 Tampa, FL					
Zip		Zip					
24 33602		29 33602					
Country		Country					
25 US		30 US					

9. Name and Address of Current Registered Agent

SYLLA, CHEIKH T
315 E. MADISON ST.
SUITE 807
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
Same
82 Street Address (P.O. Box Number is Not Acceptable)
401 S. Florida Ave.
83 Suite 300
84 City
Tampa
85 Zip Code
FL 33602

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

Charles T. Sylla

(NOTE: Registered Agent signature required when reinstating)

5/8/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	V ☐ Change ☒ Addition
NAME	SYLLA, CHEIKH T	1.2 NAME	Calhoun, Jay
STREET ADDRESS	315 E. MADISON ST., SUITE 807	1.3 STREET ADDRESS	401 S. Florida Ave., Suite 300
CITY - ST - ZIP	TAMPA FL 33602	1.4 CITY - ST - ZIP	Tampa, FL 33602
TITLE	D ☐ DELETE	2.1 TITLE	V ☐ Change ☒ Addition
NAME	SYLLA, CYNETTE D	2.2 NAME	Earnest, William
STREET ADDRESS	315 E. MADISON ST., SUITE 807	2.3 STREET ADDRESS	401 S. Florida Ave., Suite 300
CITY - ST - ZIP	TAMPA FL 33602	2.4 CITY - ST - ZIP	Tampa, FL 33602
TITLE	D ☒ DELETE	3.1 TITLE	V ☐ Change ☒ Addition
NAME	CONNER, DAVID R	3.2 NAME	Kakulis, Arnis
STREET ADDRESS	315 E. MADISON ST., SUITE 807	3.3 STREET ADDRESS	401 S. Florida Ave., Suite 300
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	Tampa, FL 33602
TITLE	D ☒ DELETE	4.1 TITLE	V ☐ Change ☒ Addition
NAME	CORUM, RONALD R	4.2 NAME	Ohanian, Reuben
STREET ADDRESS	315 E. MADISON ST STE 807	4.3 STREET ADDRESS	401 S. Florida Ave., Suite 300
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	Tampa, FL 33602
TITLE	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME		5.2 NAME	Sylla, Cheikh T.
STREET ADDRESS		5.3 STREET ADDRESS	401 S. Florida Ave., Suite 300
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Tampa, FL 33602
TITLE	☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME		6.2 NAME	V/S/T
STREET ADDRESS		6.3 STREET ADDRESS	Sylla, Cynette D
CITY - ST - ZIP		6.4 CITY - ST - ZIP	401 S. Florida Ave., Suite 300

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Charles T. Sylla

5/8/97

226-2625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0353230

CR2E034 (9/96)