

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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	Mailing Address
401 SOUTH FLORIDA AVENUE SUITE 300 TAMPA FL 33602-5446 US	401 SOUTH FLORIDA AVENUE SUITE 300 TAMPA FL 33602-5446 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/27/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3270027	
24 Country		29 Country		5. Certificate of Status Desired	
				X	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
				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				10. Name and Address of New Registered Agent			
SYLLA, CHEIKH T 401 S FLORIDA AVE STE 300 TAMPA FL 33602				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE				1.1 TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
D SYLLA, CHEIKH T				D SYLLA, CHEIKH T			
315 E. MADISON ST., SUITE 807				401 S FLORIDA AVE, STE 300			
TAMPA FL 33602				TAMPA, FL 33602			
1.2 TITLE				1.2 TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
D SYLLA, CYNETTE D				D SYLLA, CYNETTE D			
315 E. MADISON ST., SUITE 807				401 S FLORIDA AVE, STE 300			
TAMPA FL 33602				TAMPA FL 33602			
1.3 TITLE				1.3 TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
V CALHOUN, JAY				V CALHOUN, JAY			
401 S FLORIDA AVE STE 300				401 S FLORIDA AVE STE 300			
TAMPA FL 33602				TAMPA FL 33602			
1.4 TITLE				1.4 TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
V EARNEST, WILLIAM				V EARNEST, WILLIAM			
401 S FLORIDA AVE STE 300				401 S FLORIDA AVE STE 300			
TAMPA FL 33602				TAMPA FL 33602			
1.5 TITLE				1.5 TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
V OHANIAN, REUBEN				V OHANIAN, REUBEN			
401 S FLORIDA AVE STE 300				401 S FLORIDA AVE STE 300			
TAMPA FL 33602				TAMPA FL 33602			
1.6 TITLE				1.6 TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
V KAKULIS, ARNIS				V KAKULIS, ARNIS			
401 S FLORIDA AVE STE 300				401 S FLORIDA AVE STE 300			
TAMPA FL 33602				TAMPA FL 33602			

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: Cheikh T. Sylla 4/14/98 813-226-2625

CR2E034 (10/97)