

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Walker
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076777 (9)

1. Corporation Name
SAYNCO, INC.

Principal Place of Business
**568 EAST WOOLBRIGHT ROAD
BOYNTON BEACH FL 33435**

Home Address
**568 EAST WOOLBRIGHT ROAD
BOYNTON BEACH FL 33435**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/19/1994	3a. Date of Last Report
4. FEI Number 65-0526544	Applied For Net Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Country
25 County	30

9. Name and Address of Current Registered Agent

**SAYNE, MICHAEL
568 EAST WOOLBRIGHT ROAD
BOYNTON BEACH FL 33435**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.05(4) and (6)(7) 1904, 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]*

3-10-95

12. OFFICERS AND DIRECTORS

1. TITLE	PSTD
2. NAME	SAYNE, MICHAEL
3. STREET ADDRESS	568 EAST WOOLBRIGHT ROAD
4. CITY, STATE, ZIP	BOYNTON BEACH FL 33435
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Tax Code 119.05(1)(b), Florida Statutes. I further certify that the information included 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 its agent or trustee empowered to cause this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an affidavit filed with this report.

SIGNATURE: *[Signature]*

3-10-95