FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P94000077994 (9) SYNERGIUM CO. Principal Place of Business Mailing Address 6355 HUDSON RD P.O. BOX 21481 TAMPA FL 33622 **COCOA FL 32927** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/24/1994 2. Principal Place of Business Applied For Mailing Address 4. FEI Number 65-0532461 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible □ No ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PORTALATIN, ALEXIS I 2109 COOL SPRINGS ROAD M-2 Street Address (P.O. Box Number is Not Acceptable **TAMPA FL 33604** 83 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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signalure required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition PORTALATIN, ALEX NAME 1.2 NAME 2109 COOL SPRINE ROAD, M-2 4355 HUDSON STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33609** CITY-ST-ZIP 1.4 City-St-ZiP DELETE TITLE 2.1 TITLE MALAF 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-2IP 4.4 CITY - ST - ZIP DELETE Change ■ Addition 5.1 TITLE 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY - ST - ZIP 54 CHY-ST-ZIP

4. 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 suppliemental 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 arrivers.

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

TITLE

MALIF

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

22 APR (407)634-5316

Change

Addition