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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400086373 (5)

SYNERGY INFORMATION SYSTEMS INC.

Principal Place of Business

Mailing Address

FILED May 07 1997 8:00am Secretary of State



179 BILBAO STREET ROYAL PALM BEACH FL 33411		179 BILBAO STREET ROYAL PALM BEACH FL 33411-1310			,					
						Date Incorporated or Qualified 11/28/1994		e of Last 2/1996		
2. Principal Pl	ace of Business	ļ,	2a. Mailing Address			4. FEI Number		 -	Applied For	
21		26				65-0543593			Not Applicable	
Suite, Apt. :		27				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat∈)	City & State	28			6. Election Campaign Financing Trust Fund Contribution	ng \$5.00 May Be Added to Fees			
Ζφ 24	Country Zip Country 25 29 30					8. This corporation has liability for intangible tay under s. 199.032, Florida Statutes Yes 2 No				
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	gistered A	gent		
	1DSON, PHIL			61	Name					
179 BILBAE ST ROYAL PALM BEACH FL 33411					2 Street Address (P.O. Box Number is Not Acceptable)					
				83						
				84	City		FL	85 Zip	p Code	
office or re agent. Lai	to the provisions of Sections 607.0 egistered agent, or both, in the Starm familiar with, and accept the obli	502 and 607,1508, Florida ite of Florida. Such chang ligations of, Section 607.0	i Statutes, the a e was authorize 505, Florida Sta	bove d by tute:	e-named cor y the corpora s.	poration submits this statement for the pation's board of directors. I hereby accept	orpose of the appo	changing intment a	its registered as registered	
SIGNATURE	Signature: typed or printed name of registered i	agent and little if applicable	(NOTE: Registere	d Age	ent signature requ	ired when reinstating)	DATE			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO)RS IN 12	
TILLE	D	DEL	ETE 1.1 T	ITLE				Change	Addition	
NAME	DAVIDSON, PHILIP M		1.2 N	AME						
STREET AUDRESS	179 BILBAO STREET	.444	1.3 S	TREET	ADORESS					
City St ZiP	ROYAL PALM BEACH FL 33	DELI			ST-ZIP			Change	Addition	
TITLE	HAUTHAWAY, VALERIE A	UEU	1) Change	e [_] Addition	
NAME STREET ADORESS	179 BILBAO STREET		2.2 N		ADDRESS					
CITY-ST-ZIP	ROYAL PALM BEACH FL 33	411			ST-ZIP					
TITLE		☐ DEL			21 -211			Change	e	
NAME			3.2 N	AME				·		
STREET ADDRESS			3.3 \$	TREET	ADDRESS				į	
CITY-ST-ZIP				CITY -	ST-ZIP					
HILE		☐ DEL	ETE 4.1 T	ITLE				Change	B Addition	
NAME			4.21	VAME						
STREET ADDRESS			i i		T ADDRESS					
CITY - ST - ZIF		Tori			ST-ZIP			0	. I laures	
TOLE		☐ DEL			Ì			Change	e Addition	
NAMÉ			5.2 A		1 4000000					
STREET ADDRESS					T ADDRESS					
CHY-ST-ZIP TITLE		DEL			ST-ZIP			Change	e Addition	
NAMÉ		ي الدر		IAME					- Flyundil)	
STREET ADDRESS			1		ADDRESS					
CITY-ST ZIP					ST-ZIP					
VIII 31 ZII			0.4 €	1115-3	31-7it					

14. I do 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 13.4 changed or on an attachment with an address.

SIGNATURE:

NO TOPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR!

Date Date Date Director Date Phone III