

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:03

DOCUMENT # P94000092563 (3)

1. Corporation Name

SYNADYNE II, INC.

Principal Place of Business

Mailing Address

8000 N. FEDERAL HIGHWAY
BOCA RATON FL 33487

8000 N. FEDERAL HIGHWAY
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/22/1994

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NUGENT, BRIAN M
106 E. COLLEGE AVENUE
SUITE 1200
TALLAHASSEE FL 32301

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

Signature of person or persons named in registered agent and their fee schedule

(NOTE: Registered Agent signature required when modifying)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President P+D
NAME Paul M. Burrell
STREET ADDRESS 8000 N. Federal Highway
CITY-ST-ZIP Boca Raton, FL 33487
TITLE Vice President V
NAME Joseph F. Bello
STREET ADDRESS 8000 N. Federal Highway
CITY-ST-ZIP Boca Raton, FL 33487
TITLE Treasurer T
NAME Robert E. Tomlinson
STREET ADDRESS 8000 N. Federal Highway
CITY-ST-ZIP Boca Raton, FL 33487
TITLE Secretary S+D
NAME Lawrence H. Schubert
STREET ADDRESS 8000 N. Federal Highway
CITY-ST-ZIP Boca Raton, FL 33487
TITLE D
NAME Louis A. Morelli
STREET ADDRESS 8000 N. Federal Highway
CITY-ST-ZIP Boca Raton, FL 33487
TITLE D
NAME Alan E. Schubert
STREET ADDRESS 8000 N. Federal Highway
CITY-ST-ZIP Boca Raton, FL 33487

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information and data 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 in such 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, above, as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/95 (467) 997-5000 EN.247