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PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

Mar 14 1996 8:00 am

Secretary of State

DOCUMENT # P94000092563 (3)

1. Corporation Name

SYNADYNE II, INC.



Principal Place of Business

8000 N. FEDERAL HIGHWAY  
BOCA RATON FL 33487

Mailing Address

8000 N. FEDERAL HIGHWAY  
BOCA RATON FL 33487

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

12/22/1994

3a. Date of Last Report

02/22/1995

4. FEI Number

APPLIED FOR 650021598

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

10. Name and Address of New Registered Agent

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

Signature (Typed or printed name of registrant is not acceptable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BURRELL, PAUL M  
STREET ADDRESS 8000 N FEDERAL HIGHWAY  
CITY- ST- ZIP BOCA RATON FL ☐ DELETE

TITLE VP  
NAME BELLO, JOSEPH F  
STREET ADDRESS 8000 N FEDERAL HIGHWAY  
CITY- ST- ZIP BOCA RATON FL ☐ DELETE

TITLE T  
NAME TOMLINSON, ROBERT E  
STREET ADDRESS 8000 N FEDERAL HIGHWAY  
CITY- ST- ZIP BOCA RATON FL ☐ DELETE

TITLE S + D  
NAME SCHUBERT, LAWRENCE H  
STREET ADDRESS 8000 N FEDERAL HIGHWAY  
CITY- ST- ZIP BOCA RATON FL ☐ DELETE

TITLE D  
NAME MORELLI, LOUIS A  
STREET ADDRESS 8000 N FEDERAL HIGHWAY  
CITY- ST- ZIP BOCA RATON FL ☐ DELETE

TITLE D  
NAME SCHUBERT, ALAN E  
STREET ADDRESS 8000 N FEDERAL HIGHWAY  
CITY- ST- ZIP BOCA RATON FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE ☐ Change ☒ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3/5/96

(407) 997-5000

X 267

Date

Daytime Phone #

CR2E034 (12/95)