


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

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000092563 (3)  
1. Corporation Name  
SYNADYNE II, INC.

Principal Place of Business 1144 E NEWPORT CENTER DR DEERFIELD BCH FL 33442 US	Mailing Address 1144 E NEWPORT CENTER DR DEERFIELD BCH FL 33442 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/22/1994	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0021598	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LEFROET, ROBERT A 1144 E NEWPORT CENTER DR DEERFIELD BCH FL 33442		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	
NAME	BURRELL, PAUL M	1.2 NAME	
STREET ADDRESS	1144 E NEWPORT CENTER DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BCH FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	P/D
NAME	BELLO, JOSEPH F	2.2 NAME	Cueto, Benjamin
STREET ADDRESS	1144 E NEWPORT CENTER DR	2.3 STREET ADDRESS	1144 E Newport Center Drive
CITY - ST - ZIP	DEERFIELD BCH FL	2.4 CITY - ST - ZIP	Deerfield Beach, FL 33442
TITLE	TD	3.1 TITLE	
NAME	TOMLINSON, ROBERT E	3.2 NAME	
STREET ADDRESS	1144 E NEWPORT CENTER DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BCH FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	S
NAME		4.2 NAME	Hinze, David
STREET ADDRESS		4.3 STREET ADDRESS	1144 E. Newport Center Drive
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Deerfield Beach, FL 33442
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 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 changed, or on an attachment with an address

SIGNATURE: Benjamin Cueto, President

4/13/98

CR2E034 (10/97)