

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90207 048 ***150.00

DOCUMENT # P94000092563

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1994

4. FEI Number
65-0021598

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1144 EAST NEWPORT CTR
Suite, Apt. #, etc. DRIVE

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 DEERFIELD BEACH, FL

27 City & State

28

24 Zip 33442 25 Country US

29 Zip 30 Country

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 ROBERT A. LEFCORT

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD
NAME BURRELL, PAUL M
STREET ADDRESS 1144 E NEWPORT CENTER DR
CITY-ST-ZIP DEERFIELD BCH FL

TITLE PD
NAME CUETO, BENJAMIN
STREET ADDRESS 1144 E NEWPORT CENTER DR
CITY-ST-ZIP DEERFIELD BCH FL 33442

TITLE TD
NAME TOMLINSON, ROBERT E.
STREET ADDRESS 1144 E NEWPORT CENTER DR
CITY-ST-ZIP DEERFIELD BCH FL

TITLE S
NAME HINZE, DAVID
STREET ADDRESS 1144 E NEWPORT CENTER DRIVE
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME ROBERT A. LEFCORT
2.3 STREET ADDRESS (SAME ADDRESS)
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME SCOTT R. FRANCIS
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0348529