

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

FILED  
Jan 30 1997 8:00 am  
Secretary of State

DOCUMENT # P95000005974 (7)

1. Corporation Name  
SYNADYNE IV, INC.



Principal Place of Business  
8000 N. FEDERAL HIGHWAY  
BOCA RATON FL 33487

Mailing Address  
8000 N. FEDERAL HIGHWAY  
BOCA RATON FL 33487-1620

3. Date Incorporated or Qualified 01/24/1995	3a. Date of Last Report 03/14/1996
4. FEI Number 65-0561884	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1144 E. Newport Center Drive Suite, Apt. #, etc.	2a. Mailing Address 26 1144 E. Newport Center Drive Suite, Apt. #, etc.
22 City & State 23 Deerfield Beach FL 24 Zip 33442 25 Country USA	27 City & State 28 Deerfield Beach FL 29 Zip 33442 30 Country USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Robert A. Leford
82 Street Address (P.O. Box Number is Not Acceptable) 1144 E. Newport Center Drive
83
84 City Deerfield Beach FL 85 Zip Code 33442

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 607.0501, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/97

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BURRELL, PAUL M 8000 N. FEDERAL HIGHWAY BOCA RATON FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BELLO, JOSEPH F. 8000 N. FEDERAL HIGHWAY BOCA RATON FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TOMLINSON, ROBERT E. 8000 N. FEDERAL HIGHWAY BOCA RATON FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCHUBERT, LAWRENCE H 8000 N. FEDERAL HIGHWAY BOCA RATON FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORELLI, LOUIS A 8000 N. FEDERAL HIGHWAY BOCA RATON FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHUBERT, ALAN E. 8000 N. FEDERAL HIGHWAY BOCA RATON FL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Vice President + Director 1144 E. Newport Center Drive Deerfield Beach FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	President + Director 1144 E. Newport Center Drive Deerfield Beach FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	Secretary David Hinz 1144 E. Newport Center Drive Deerfield Beach FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul M. Burrell

Date

Daytime Phone #

1/9/97 (954) 418-6428

0339936

CR2E034 (9/96)