


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 # **P95000005975 (4)**

1. Corporation Name
SYNADYNE V, INC.

Principal Place of Business

**1144 E NEWPORT DRIVE
DEERFIELD BCH FL 33442
US**

Mailing Address

**1144 N NEWPORT CTR DR
DEERFIELD FL 33442
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1995

4. FEI Number

65-0561889

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEFCORT, ROBERT A.
1144 E NEWPORT CTR DR
SUITE 1200
DEERFIELD FL 33442**

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 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 ☐ DELETE

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

TITLE ☒ DELETE

NAME **PD
BELLO, JOSEPH F**
STREET ADDRESS **1144 E NEWPORT CTR DR**
CITY-ST-ZIP **DEERFIELD BCH FL**

TITLE ☐ DELETE

NAME **TD
TOMLINSON, ROBERT E**
STREET ADDRESS **1144 E NEWPORT CTR DR**
CITY-ST-ZIP **DEERFIELD BCH FL**

TITLE ☐ DELETE

NAME **S
HINZE, DAVID**
STREET ADDRESS **1144 E NEWPORT CTR DR**
CITY-ST-ZIP **DEERFIELD FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

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

**P/D
Cueto, Benjamin
1144 E. Newport Center Drive
Deerfield Beach, FL 33442**

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

CR2E034 (10/97)