

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

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

04-29-1999 90207 045 ***150.00

0661893

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P95000005975**

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
 Yes 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 the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22
 23 City & State
 24 Zip 25 Country

2a. Mailing Address
 26 Suite, Apt. #, etc. 27
 28 City & State
 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**LEFCORT, ROBERT A.
 1144 E NEWPORT CTR DR
 SUITE 1200
 DEERFIELD FL 33442**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BURRELL, PAUL M	
STREET ADDRESS	1144 E NEWPORT CTR DR	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GUETO, BENJAMIN	
STREET ADDRESS	1144 E NEWPORT CTR DR	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TOMLINSON, ROBERT E	
STREET ADDRESS	1144 E NEWPORT CTR DR	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HINZE, DAVID	
STREET ADDRESS	1144 E NEWPORT CTR DR	
CITY-ST-ZIP	DEERFIELD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT A. LEFCORT	
2.3 STREET ADDRESS	1144 EAST NEWPORT CTR DRIVE	
2.4 CITY-ST-ZIP	DEERFIELD BEACH FLORIDA 33442	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SCOTT R FRANCIS	
3.3 STREET ADDRESS	1144 EAST NEWPORT CENTER DRIVE	
3.4 CITY-ST-ZIP	DEERFIELD BEACH FLORIDA 33442	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 FORWARDED** Date: **4/22/99** Daytime Phone # _____

CR2E034 (11/98)