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Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000008345 (7)

1. Corporation Name  
SYNERGY ENTERPRISES INC.

Principal Place of Business  
8010 S.W. 18TH CT.  
DAVIE FL 33324

Mailing Address  
8010 S.W. 18TH CT.  
DAVIE FL 33324-4614



3. Date Incorporated or Qualified 01/27/1995  
3a. Date of Last Report 06/22/1996

2. Principal Place of Business 21. POB 292372 Suite, Apt. #, etc. 22. City & State 23. DAVIE FL 24. Zip 33329-2372 Country BROWARD	2a. Mailing Address 26. POB 292372 Suite, Apt. #, etc. 27. City & State 28. DAVIE FL 29. Zip 33329-2372 Country BROWARD	4. FEI Number 65-0555053 Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

ROACH, DOUGLAS  
8010 S.W. 18TH CT.  
DAVIE FL 33324

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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

*Douglas Roach*  
Signature (typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

022697

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	ROACH, DOUGLAS	
STREET ADDRESS	8010 S.W. 18TH CT.	
CITY - ST - ZIP	DAVIE FL 33324	
TITLE	V	DELETE
NAME	ROACH, MICHELLE	
STREET ADDRESS	8010 S.W. 18TH CT.	
CITY - ST - ZIP	DAVIE FL 33324	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change	Addition
1.2 NAME	ROACH DOUGLAS		
1.3 STREET ADDRESS	POB 292372		
1.4 CITY - ST - ZIP	DAVIE FL 33329-2372		
2.1 TITLE	V	Change	Addition
2.2 NAME	ROACH MICHELLE		
2.3 STREET ADDRESS	POB 292372		
2.4 CITY - ST - ZIP	DAVIE FL 33329-2372		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Douglas Roach*

Date

Daytime Phone #

022697

CR2E034 (9/96)