

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 25 1996 8:00 am
Secretary of State

DOCUMENT # P95000073371 (3)

1. Corporation Name

SYNCHRONOL, INCORPORATED



Principal Place of Business

Mailing Address

POST OFFICE BOX 951686
LAKE MARY FL 32795

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LAKE MARY FL 32795

3. Date Incorporated or Qualified

09/22/1995

3a. Date of Last Report

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CATHCART, CHRISTOPHER C
330 NORTH BROADWAY
ORLANDO FL 32803

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 of the person who is the registered agent of the corporation

Signature of Registered Agent (Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME
D MCCORKLE, CHANTAL
STREET ADDRESS
POST OFFICE BOX 951686
CITY, ST, ZIP
LAKE MARY FL 32795

1.1 TITLE ☐ Change ☐ Addition

1.2 TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

2.1 TITLE ☐ DELETE

2.2 NAME

2.2 NAME

2.3 STREET ADDRESS

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.1 TITLE ☐ DELETE

3.2 NAME

3.2 NAME

3.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.1 TITLE ☐ DELETE

4.2 NAME

4.2 NAME

4.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.1 TITLE ☐ DELETE

5.2 NAME

5.2 NAME

5.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.1 TITLE ☐ DELETE

6.2 NAME

6.2 NAME

6.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 member 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, and in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Secretary

CR2E034 (12/95)