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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000076321 (5) **DOCUMENT #** 

SYZYGY SOFTWARE, INC.

Principal Place of Business Mailing Address 1827 SOUTHWEST 24TH AVENUE 1827 SOUTHWEST 24TH AVENUE

## **FILED** Apr 27 1998 8:00am Secretary of State



FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/05/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0612607 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zιρ Country Ζip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No ☐ No 24 30 Personal Property Tax due June 30. 25 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CLAGGETT, KENNETH 1827 SW 24TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33312 83 84 City 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 femiliar with, and accept the obligations of Section 607.0505, Florida Statutes. CR2E034 (1097 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 TITLE DELETE 1.1 TITLE Change Addition CLAGGETT, KENNETH L NAME 1.2 NAME 1827 SOUTHWEST 24TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33312 City-St-78 1.4 City - ST - 7/P DELETE Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition DELETE 3 1 TITLE Change TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP

14. Thereby 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 roport 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: