

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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Bandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078054 (0)

1. Corporation Name

SYAMDA INVESTMENT COMPANY, INC.

Principal Place of Business

1515 UNIVERSITY DR. SUITE 218
CORAL SPRINGS FL 33071

Mailing Address

C/O JERRY M. SYROP
1515 UNIVERSITY DR. SUITE 218
CORAL SPRINGS FL 33071-0006
US

3. Date Incorporated or Qualified

10/06/1995

3a. Date of Last Report

03/14/1996

2. Principal Place of Business

21 C/O SYROP

Suite, Apt. #, etc.

22 11154 W. SAMPLE RD

City & State

23 CORAL SPRINGS, FL

Zip

24 33065-2615

25 US

2a. Mailing Address

26 C/O JERRY M. SYROP

Suite, Apt. #, etc.

27 11154 W. SAMPLE RD

City & State

28 CORAL SPRINGS FL

Zip

29 33065-2615

Country

30 US

4. FEI Number

65-0628450

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

SYROP, JERRY M
1515 UNIVERSITY DR. SUITE 218
CORAL SPRINGS FL 33071

11154 W. SAMPLE
Coral Springs, FL
33065-2615

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME SYROP, JERRY M.
STREET ADDRESS 1515 UNIVERSITY DR #218
CITY-ST-ZIP CORAL SPRINGS FL
SAME AS ABOVE

TITLE VPS
NAME SYROP, RANDY
STREET ADDRESS 1515 UNIVERSITY DR #218
CITY-ST-ZIP CORAL SPRINGS FL
SAME AS ABOVE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition

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:

Jerry M. Syrop

JERRY M. SYROP

4-12-97

Date

Daytime Phone #

0156012

CR2E034 (9/96)