PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90270 026 ***150.00

1. Corporation	MENT # P95000 SYNERGY, INC.	0097307					
Principal Place	e of Business	Mailing Address		·	(1904)884 (14 (019) 04/11 08/11 04/11 04/11	1811 0 18111 1888 14111 881	11 1 391 1481
		13246 S.W. 43RD	LANE				
		MIAMI FL 33175				THE CDACE	
					DO NOT WRITE IN 1 3. Date Incorporated or Qualifed	THIS SPACE	
					12/27/1995	*	
a Deinainal Di	leas of Business	2a. Mailing Addre			12/2// 1993 4. FEI Number	Appli	ied For
	lace of Business	2a. Mailing Addre	100		65-0633139		Applicable
Suite, Apt.	# etc	Suite, Apt. #,	etc.			\$8.75 Ad	
22	,, 5.6.	27			5. Certifcate of Status Desired	Fee Requ	uired
City & State	e	City & State			6. Election Campaign Financing	\$5.00 м	ay Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	C	country	8. This corporation owes the current year		· ·
24	25	29	30		Personal Property Tax.		No
	9. Name and Address of Curre	nt Registered Agent		94 Name	10. Name and Address of New Registe	ered Agent	-
DI AC	PED ECLIV			81 Name		· .	
PLACER, FELIX 13246 S.W. 43RD LANE				82 Street Add	dress (P.O. Box Number is Not Acceptable)	, , ,	
	M FL 33175					·	
MIAN	MI FL 331/3			83			
				84 City		FL 85 Zip Co	de
						• • 1	
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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 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 supplied with that I am an officer or director of the co-poration of 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 changes for or supplied with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

URE REQUIRED