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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600034094 (8)

SYNCPOINT, INC.

FILED May 01 1997 8:00am Secretary of State

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Principal Place of Business		Mailing Address				I TO BE TOUR THE COURT BUILD BEACH COURT OF THE COURT OF		
4014 W WATERS AVE #508 Tampa Fl 33614		4014 W WATERS AVE #506 TAMPA FL 33614-8111						
			1			3. Date Incorporated or Qualified 04/16/1996	3a. Date of Last Report	
Principal Place of Business		2a. Mailing Address 26				4. FEI Number 59-33712	Applied For Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	7ip 29	Country 30			This corporation has liability for in florida Statutes	ntangible tax under s. 199.032, Yes	
	9. Name and Address of Cur-	rent Registered Agent		Ι		10. Name and Address of New Reg	gistered Agent	
TURNER, CECILIA M				81	Name			
4014 W WATER AVE #508 TAMPA FL 33614				82	Street Address (P.O. Box Number is Not Acceptable)			
				84	City		FL 85 Zip Code	
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Stanfamiliar with, and accept the ob-	ate of Florida. Such chan	ge was authoriz	ed by	/ the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered	
SIGNATURE _								
				recd Agent's gnature required when reinstating) DATE ADDITIONS/CHANGES TO DESICERS AND DIRECTORS IN 12				
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO DEELC	CHANGES TO DEFICERS AND DIRECTORS IN 12	

DELETE Change Addition TITLE 1.1] ITLE TURNER, CECILIA M NAME 1.2 NAME 4014 W WATERS AVE #506 STREET ADORESS 1.3 STREET ADDRESS **TAMPA FL 33614** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2 1 TITLE NAME 2 2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CHTY-S1-ZIP DELETE Change Addition TITLE 31 11111 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETÉ TITLE 4.1 TITLE Change Addition STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 2IP DELETE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE G.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 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:

(813) 991-0489