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Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000042144 (1)

1. Corporation Name
CYNTYM ENTERPRISES CORP.



Principal Place of Business
734-43RD AVENUE N.E.
ST. PETERSBURG FL 33703

Mailing Address
734-43RD AVENUE N.E.
ST. PETERSBURG FL 33703-5106

2. Principal Place of Business
21 36235 EAST LAKE RD.
Suite, Apt. #, etc.

22 City & State
23 PALM HARBOR, FLORIDA

24 34605 25 U.S.A.

2a. Mailing Address
26 36235 EAST LAKE RD
Suite, Apt. #, etc.

27 City & State
28 PALM HARBOR, FLORIDA

29 34605 30 U.S.A.

9. Name and Address of Current Registered Agent

MOUSER, FREDERICK L ESQ.
810-83RD AVENUE, NORTH
ST. PETERSBURG FL 33702

3. Date Incorporated or Qualified
05/10/1996

3a. Date of Last Report

4. FEI Number
59-3391000

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

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
officer 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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE

11.2 NAME
11.3 STREET ADDRESS
11.4 CITY-ST-ZIP
PSD
MCPEAK, TIM
734-43RD AVENUE N.E.
ST. PETERSBURG FL 33703

11.5 TITLE ☐ DELETE

11.6 NAME

11.7 STREET ADDRESS

11.8 CITY-ST-ZIP

11.9 TITLE ☐ DELETE

11.10 NAME

11.11 STREET ADDRESS

11.12 CITY-ST-ZIP

11.13 TITLE ☐ DELETE

11.14 NAME

11.15 STREET ADDRESS

11.16 CITY-ST-ZIP

11.17 TITLE ☐ DELETE

11.18 NAME

11.19 STREET ADDRESS

11.20 CITY-ST-ZIP

11.21 TITLE ☐ DELETE

11.22 NAME

11.23 STREET ADDRESS

11.24 CITY-ST-ZIP

11.25 TITLE ☐ DELETE

11.26 NAME

11.27 STREET ADDRESS

11.28 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-ST-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-ST-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-ST-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-ST-ZIP

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME

13.27 STREET ADDRESS

13.28 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: X *Tim McPeak*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/18/97 X 813-786-1676
Date Daytime Phone #

CR2E034 (9/96)