Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90084 015 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000042144

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

CYNTYM ENTERPRISES CORP.

Principal Place	e of Business	Ma	iling Address						18 18118 B1111 B81	JI <b>40</b> JIS <b>DO</b> IFI <b>D</b> A	#{#!# <b>{  </b> #		B11 8181 1841
36235 E LAKE RD		362	36235 E LAKE RD										
PALM HARBOR FL 34685			PALM HARBOR FL 34685				DO NOT WRITE IN THIS SPACE						
US		US					2	Date Incorpor			IS SPACE		
							1	05/10/199		160			
2. Principal Pl	lace of Business	2a.	Mailing Address				4.	FEI Number				Арр	lied For
21		26						<u>59-339100</u>	<u> </u>			Not	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5.	Certifcate of S	Status Desire	d $\square$	<b>+</b>		iditional
22		27										e Req	
City & State	e	$\vdash$	City & State				l l	Election Cam		ing 🗆			lay Be
23		28			•			Trust Fund Co				ded to	rees
Zip	Country	<u> </u>	Zip	Coun	uу		8.	This corporati		current year	ntangible ☐ Yes	ſ	19No
24	25	29 29	tored Agent	30			10	Personal Prop		w Registers			3140
	9. Name and Address of Currer	iii Kegisi	tered Agent		B1	Name	10.	Harris and A	<u> </u>	, itogioto,	<u> </u>		
MOU	JSER, FREDERICK L ESQ.			L									
	63RD AVENUE, NORTH			-	82	Street Ac	ddress (P	P.O. Box Numb	er is Not Acc	eptable)			
ST. F	PETERSBURG FL 33702				83				• •				
				L									_ <del></del>
				ļ	84	City				F	85	Zip Co	ode
11 Pursuant	to the provisions of Sections 607:050	02-end 60	7:1508: Florida Statu	tes, the ab	ove-	named co	orporation	n submits this	statement for	the purpose	of changin	g its r	egistered
office or re	egistered agent, or both, in the State	of Florid	a. Such change was a	autnorized	Dy τι	he corpora	ation's bo	oard of director	s. I hereby a	ccept the app	ointment a	s regi	stered
_	m familiar with, and accept the obliga	ations or,	Section 607.0505, Fit	ortua Statu	.es.								
SIGNATURE													
	Signature, typed or printed name of registered age	ent and title if	applicable. (NOT	E: Registered A	gent	signature requ				DATE			
12.	Signature, typed or printed name of registered age OFFICERS AN		.,,	E: Registered #	gent	signature requ		reinstating) ADDITIONS/C	HANGES TO				
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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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

27-786-1676