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Mailing Address

SUITE 302

1890 UNIVERSITY DR.

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CORAL SPRINGS FL 33071

SIGNATURE: ..

1890 UNIVERSITY DR.

SUITE 302



FLORIDA DEPARTMENT OF STATE

FILED

Mar 27 1997 8:00am

Secretary of State

454-566-0348

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000053625 (5)

SYNERGY CONSULTING, INC.

CORAL SPRINGS FL 33071-8965 3. Date Incorporated or Qualified 3a. Date of Last Report 06/24/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 26 Not Applicable Suite: Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Ζip Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BERGER, JAMES L BERGER & DAVIS, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 100 N.E. THIRD AVE., STE. 400 83 FT. LAUDERDALE FL 33301 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Styriative, typed or printed harris of regulated agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE THILE 1.1 TITLE Change Addition BESNER, HILDA F PH.D. HALLE 12 NAME 915 MIDDLE RIVER DR. STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33304 CITY- ST. ZIE 14 CITY-ST-ZIP DELETE TITLE 21 TIYLE Change Addition KIMMEL, JOEL I PH.D. HAME 22 NAME 1890 UNIVERSITY DR. STREET ADDRESS 2 3 STREET ADDRESS **CORAL SPRINGS FL 33071** CITY - ST- 74P 2. 4 CiTY-ST-ZIP DELETE TITLE 31 TITLE Change Addition MAME 3.2 NAME STREET ADORESS 3 3 STREET ADDRESS CHY-ST 26 3.4. CITY - ST - ZIP DELETE THE 4.1 TITLE Change Addition NAME 4. 2 NAME STRUET ACORESS 4.3 STREET ADDRESS CHY-ST-7IP 4.4 CITY - ST - ZIP DELETE Change TITLE 5.1 TITLE Addition MADE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS Diffy ST- 2iP 5.4 CITY - ST- ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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.

OFFICER OR DIRECTOR