

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000064300 (2)

1. Corporation Name

SYNERGON SOLUTIONS, INC.

Principal Place of Business

1335 GATEWAY DR
SUITE 2008
MELBOURNE FL 32901
US

Mailing Address

P.O. BOX 2223
SUITE 1022
MELBOURNE FL 32902-2223
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1996

4. FEI Number

59-3391648

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 PO Box 2223

27 Suite, Apt. #, etc.

28 City & State

28 Melbourne, FL

29 Zip

29 32902

Country

30 Brevard

9. Name and Address of Current Registered Agent

FRESE, GARY B
930 S. BARBOR CITY BLVD.
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
930 S. Harbor City Blvd.

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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRADLEY, GARY E	
STREET ADDRESS	1333 GATEWAY DR, SUITE 1022	
CITY-ST-ZIP	MELBOURNE FL 32901	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MALLOW, DALE E	
STREET ADDRESS	1333 GATEWAY DR, SUITE 1022	
CITY-ST-ZIP	MELBOURNE FL 32901	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HUGHEN, JOHN M	
STREET ADDRESS	1333 GATEWAY DR, SUITE 1022	
CITY-ST-ZIP	MELBOURNE FL 32901	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE President & CEO ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 1335 Gateway Drive, Suite 2008
14 CITY-ST-ZIP

21 TITLE V.P. of Operations ☒ Change ☐ Addition

22 NAME Mallow, Dale R
23 STREET ADDRESS 1335 Gateway Drive, Suite 2008
24 CITY-ST-ZIP

31 TITLE V.P. of R&D ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS 1335 Gateway Drive, Suite 2008
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 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:

Dale Mallow

Dale Mallow

4/27/98 407-728-2674

CR2E034 (10/97)