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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000071722 (8)

OBJECT SYNERGY, INC.

FILED Feb 12 1997 8:00am Secretary of State

| Principal Place of Business Mailing Address | | | | | | | | | , ::E1 19 6 1 |
|--|--|--|---|--|---|---|------------------------------|---------------------------|----------------------------|
| 18459 PINE 8 | LVD | 18459 PINE BLVD | 18459 PINE BLVD SUITE 231 PEMBROKE PINES FL 33029-1400 | | | | | | |
| SUITE 231 | HINES EL 22020 | | | | | | | | |
| PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33 | | | | 251400 | | 3. Date Incorporated or Qualified | 3a. Dat | e of Last R | eport |
| | | | | | | 08/28/1996 | | | |
| 2. Principal (| Prace of Business | 2a. Mailing Address | | | | 4. FEI Number | | Ar | oplied For |
| 21 | | 26 | | | | 65-06A1774 | | | ot Applicable |
| Suite, Apt. | . #, etc. | Suite, Apt #, etc | | | | | [⁻] | \$8.75 | |
| 22 | | 27 | | | | 5. Certificate of Status Desired | | Fee Re | |
| City & Sta | ite | City & State | | | | 6. Election Campaign Financing | * | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | Added t | |
| Zip | Country | Zip | Cou | intry | | 8. This corporation has liability fo | r intangible t | ax under s | . 199.032, |
| 24 | 25 | 29 | 30 | | | | Yes [| | |
| | 9. Name and Address of Curre | ent Registered Agent | | | | 10. Name and Address of New F | egistered A | gent | |
| НО | LMES, THOMAS | | | 81 | Name | | | | |
| 184 | | | 82 | Street A | Address (P.O. Box Number is Not Acceptable) | | | | |
| | MBROKE PINES FL 33029 | | | | | | | Oli Got A | |
| | | | 1 | 83 | | | | | |
| | | | | | | | ····· | T==1 === | |
| | | | | 84 | City | | FL | 85 Zip (| Code |
| 11. Pursuant | t to the provisions of Sections 607.05 registered agent, or both, in the Stat | 502 and 607.1508, Florida Stat te of Florida. Such channe was | utes, the at | bove d by | ⊁-named c ≀the corp≀ | corporation submits this statement for the oration's board of directors. I hereby acc | purpose of entitle appro- | changing it intment as | s registered registered |
| agent. La | am familiar with, and accept the obli | gations of, Section 607.0505, I | Florida Stat | tutes | ти о согр е 3. | pration's board of directors. Thereby acc | ebi ine appi | ALIEUTEUR SIS | registered |
| SIGNATURE | | | | | | | | | |
| | Segments: typed or princed name of registered a | | | d Age | nt signature m | equired when reinstating) | DATE | | |
| 12. | | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFF | | | |
| TITLE | D | DELETE | 3.1 Ti | |]! | Demind Holmes | | Change | Addition |
| NAME | HOLMES, THOMAS | | 1,2 NA | | | KATHY HOLMES 18423 NW 9 Street | | | |
| STREET ADDRESS | | | 1.3 \$1 | TREET | ADDRESS | 18423 NW 7 STIERT | | NOr | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33029 | | | | T-ZIP (| Penbroke Pines Fl | . 5300 | | |
| TITLE | | [_] DELETE | 2.1 TI | | | | | Change | Addition |
| NAME | | | 2.2 N/ | ame |] | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-7IP | | | 2.3 S | TREET | ADDICSS | | | | |
| TITLE | | | 2.40 | HY-S | ST-ZIP | | | - | |
| | | DELETE | 2.4 C 3.1 TI | HTY+S | | | | Change | Addition |
| NAME | | ☐ DELETE | 2.4 C 3.1 TU 3.2 N/ | OTY - S ITLE AME | ST - ZIP | | | Change | Addition |
| | | ☐ DELETE | 2.4 C 3.1 TU 3.2 N/ | OTY - S ITLE AME | | | | Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | | 2.4 C 3.1 Ti 3.2 N/ 3.3 Si 3.4. C | OTY-S ITLE AME TREET OTY-S | ST - ZIP | | | | |
| NAME STREET ADDRESS | | ☐ DELETE | 2.4 C 3.1 Ti 3.2 N/ 3.3 Si | OTY-S ITLE AME TREET OTY-S | ST-ZIP ADDRESS | | | ☐ Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | | 2.4 C 3.1 Ti 3.2 N/ 3.3 Si 3.4. C | OTY-S ITLE AME TREET OTY-S ITLE | ST-ZIP ADDRESS | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | 2.4 C 3.1 TI 3.2 NJ 3.3 SI 3.4 C 4.1 TI 4.2 N | OTY - S THE TREET OTY - S THE JAME | ST-ZIP ADDRESS | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | [_] DELETE | 2. 4 C 3.1 Ti 3.2 N/ 3.3 Si 3.4 C 4.1 Ti 4. 2 N 4.3 Si | OTY - S THE TREET OTY - S THE TREET | ST-ZIP ADDRESS ST-ZIP | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | 2. 4 C 3.1 Ti 3.2 N/ 3.3 Si 3.4 C 4.1 Ti 4. 2 N 4.3 Si | OTY-S THE TREET OTY-S THE THEET THEET | ADDRESS ADDRESS ADDRESS | | | | |
| NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | [_] DELETE | 2.4C 31Ti 32 N/ 33 Si 34.C 4.1Ti 4.2 N 4.3 Si 4.4 Ci | OTY-S THE TREET THE THE THE THE THE T | ADDRESS ADDRESS ADDRESS | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | [_] DELETE | 2 4 C 3 1 Ti 3 2 N 3 3 SI 3 4 C 4 1 Ti 4 2 N 4 3 SI 4 4 CI 5 1 Ti 5 2 N | CATY-STATE AME TIREET THEET THE THE | ADDRESS ADDRESS ADDRESS | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | ☐ DELETE | 2. 4 C 3.1 Ti 3.2 N/ 3.3 Si 3.4 C 4.1 Ti 4. 2 N 4.3 Si 4.4 Ci 5.1 Ti 5.2 N/ 5.3 Si | CATY-S TITLE AME TIREET THEET THEET THEET THEET THEET THEET THEET THEET THEET | ST-ZIP ADDRESS ST-ZIP ADDRESS IT-ZIP | | | ☐ Change | Addition |
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| NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP | | ☐ DELETE | 2 4 C 3 1 TI 3 2 N/ 3 3 SI 3 4 C 4 1 TI 4 2 N 4 3 SI 4 4 CI 5 1 TI 5 2 N/ 5 3 SI 5 4 CI | CHY+S THE AME TREET THE TREET THE TREET TREET TREET TREET | ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS | | | ☐ Change ☐ Change | Addition |
| NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | ☐ DELETE | 2. 4 C 3.1 Ti 3.2 N/ 3.3 Si 3.4 C 4.1 Ti 4.2 N/ 4.3 Si 4.4 Ci 5.1 Ti 5.2 N/ 5.3 Si 6.1 Ti 6.2 N/ | THE AME TREET THE TREET THE AME THE AME THE AME THE AME | ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS | | | ☐ Change ☐ Change | Addition |
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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 direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: