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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P96000077491 (4)

Principal Place of Business	Mailing Address			
3726 N.W. 52ND STREET	3726 N.W. 52N			
BOCA RATON FL 33496	BOCA RATON			

## **FILED**

Apr 28 1997 8:00am Secretary of State

SYNE	RGY INSURANCE INVEST	ORS, INC.								
Principal Place of Business Mailing Address							Bithi Abhin Goill Ett	II <b>ga</b> iki <b>10</b> 01) i <b>u</b>	11: 01010 told	
	52ND STREET ON FL 33496		3726 N.W. 52ND STREET BOCA RATON FL 33496-2706							
						3. Date Incorporate 09/18/1996	ed or Qualified	3a. Date	of Last R	eporl
	Place of Business	2a, Mailing Addr	ess			4. FEI Number	0666	.895	<del></del>	plied For
21		26 Suite, Apt. #,	·····			62	000-	073		t Applicable
Suite, Ap	etc.			5. Certificate of Sta	tus Desired		\$8.75 / Fee Re	***		
City & S	tate	City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country Zip Ci					8. This corporation has liability for intangible tax under s. 19 Florida Statutes \times \times Yes  \text{No}				199,032,
	9. Name and Address of Cu	rrent Registered Agent		81		10. Name and Add	ess of New Re	gistered A	ent	
2101 CORPORATE BOULEVARD SUITE 216 BOCA RATON FL 33431			82 83 84	Street Address	ss (P.O. Box Number	is Not Acceptat	FL	<b>85</b> Zip (	Code	
office o agent	rit to the provisions of Sections 607 or registered agent, or both, in the \$ I am familiar with, and accept the c	0502 and 607.1508, Floric State of Florida Such chan obligations of, Section 607.	da Statutes, the a ge was authorize 0505, Florida Sta	bove- d by tutes.	named corpo the corporatio	ration submits this sta n's board of directors	tement for the p . I hereby acce	ourpose of c	hanging it ntment as	s registered registered
SIGNATUR	Signature typed or printed name of register	ed agent and title if applicable.	(NOTE Registers	ad Agen	it signature required	d when reinstating)		DATE	·	
12. OFFICERS AND DIRECTORS						ADDITIONS/CHAP	IGES TO OFFIC	ERS AND I	DIRECTOR	S IN 12
TITLE	D	DELETE		1.1 TITLE					Change	Addition
NAME	PICOW, STEVEN		1.2 N	1.2 NAME						
STREET ADDRES	Anna Aries Marie America			1.3 STREET ADDRESS						
CITY-\$1-ZIP	BOCA RATON FL 33496			14 CITY-ST-ZIP						
TITLE	D DELETE		LETE 2.1 T	2.1 TITLE			······································		Change	Addition
NAME	COHAN, HOWARD		2.2 M	2.2 NAME						
STREET ADDRES	T ADDRESS 3726 N.W. 52ND STREET		2.3 9	2.3 STREET ADDRESS						
CiTY - \$1 - ZiP	BOCA RATON FL 33496		2.41	CITY - SI	T-ZIP		٠.,			
TITLE		Df	LETÉ 3.1 T	ITLE					Change	Addition
NAME			3.2 N	IAME						
STREET ADDRES	ss		3.3 S	TREET A	ADDRESS					

6.4 CITY-ST-ZIP CITY-ST-ZIF 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 arriual 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 chapter or or in attachment with an address.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIF

THILE

NAME

TITLE NAME

TITLE

Change

Change

Change

Addition

Addition

Addition