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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

A ANNALOS ALD LOCAS DICTIC SOCIAL COLICE COLICE COLOCA POLICE GRAIN CENTRA DOLOCA ANTI-COLOCA

02-08-1999 90032 005 \*\*\*150.00

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000084205

SYZYGY CONSULTING GROUP, INC.

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Principal Pla	ace of Business	Mailing Address	· <del>-</del> ·		· · · · · · · · · · · · · · · · · · ·	- 1481	NICORI CIR IRIIO RIICI ROC	FI BOLLII BOLLII DO	PERO INDIA DERMA NI	YO <b>00</b> 707 BADA (0.0)
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3 Dringing)	Place of Business					10/09/				
<b>⊢</b> .	Place of Business	2a. Mailing Addres	SS			4. FEI Num			Α	pplied For
Suite, Ap	t # etc	26   Suite, Apt. #, 6				65-070	10832			lot Applicable
22	i. ir, 6ic.	— · · · ·	31C.			5. Certifcate	e of Status Desired	ı 🗆		Additional
City & Sta		City & State							<del></del>	lequired
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MIA	MI FL 33136			83	<del></del>	*.	29429 91 9 1		Gagiles 6	24 T. 1118
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Ame Socialis	F. 70.6.			84 City	У		•	F	85 Zip	Code
11. Pursuan	t to the provisions of Sections 607	7.0502 and 607.1508, Florida	Statutes, the al	ove-nam	ned corpor	ration submits t	this statement for t		<del></del>	s registered
	redistered adent. Or bolli, in the 3	SIALE OF FIORION SUCH CHANGE	was allinonzed	by the c	ornoration	's board of dire	ctors. I hereby acc	cent the ann	ointment as re	edistered
୍ଦ୍ର agent. I a	am familiar with, and accept the o	ibligations of Section 607.05	05 Florida Stati	toe c	orporation			oopt in app		· g.010.00
agon. I	an tarmer with, and accept the o	obligations of, Section 607.05	05, Florida Statu	ites.	огрогацоп		,	·		gioto. GG
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agon. I	Signature, typed or printed name of registers OFFICER	obligations of, Section 607.03	(NOTE: Registered	nes.		when reinstating)	on par	DATE	*****	
SIGNATURE	Signature, typed or printed name of registers  OFFICER	ed agent and title if applicable.	(NOTE: Registered	Agent signat		when reinstating)		DATE	*****	
SIGNATURE	Signature, typed or printed name of registers  OFFICER  P  GELBER, ADAM	ed agent and title if applicable.  S AND DIRECTORS	(NOTE: Registered	Agent signat		when reinstating)	on par	DATE	AND DIRECTO	DRS IN 12
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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 chaptes, or on an attachment with an applicas, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

C/TY-ST-ZIP

305-669-1885