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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000084692 (8)

1. Corporation Name

SYNERGY MARKETING GROUP, INC.



Principal Place of Business

1515 N. FEDERAL HIGHWAY, SUITE 413 200
BOCA RATON FL 33432

Mailing Address

1515 N. FEDERAL HIGHWAY, SUITE 413-200
BOCA RATON FL 33432-1954

3. Date Incorporated or Qualified
10/11/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

21 1515 N Federal Hwy
Suite, Apt. #, etc.

22 Suite 200

23 City & State

Boca Raton

24 Zip

33432

Country

U.S.A

2a. Mailing Address

26 1515 N Federal Hwy
Suite, Apt. #, etc.

27 Suite 200

28 City & State

Boca Raton

29 Zip

33432

Country

U.S.A

4. FEI Number
59-3427153

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WEISSBERG, MARTIN
1515 N. FEDERAL HIGHWAY, SUITE 413
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name
Marian Nease Esquire

82 Street Address (P.O. Box Number is Not Acceptable)

5355 Town Center Rd.

83 Suite 810

84 City
Boca Raton

FL

85 Zip Code
33486

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME WEISSBERG, MARTIN
STREET ADDRESS 1515 N. FEDERAL HIGHWAY, SUITE 413
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/97 561-338-3333

Date

Daytime Phone #

CR2E034 (9/96)