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

Profit Corporation Annual Report

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P9700006569 (2)

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Country

9. Name and Address of Current Registered Agent

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AMERILAWYER CHARTERED 343 ALMERIA AVENUE

CORAL GABLES FL 33134

CYNJON CORP.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

200

Suite, Apt. #, etc.

4730 SOUTHWEST 170 AVENUE FORT LAUDERDALE FL 33331

2. Principal Place of Business

Suite, Apt. #, etc

City & State

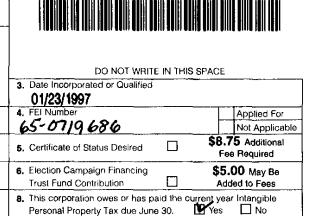
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Zip

4730 SOUTHWEST 170 AVENUE FORT LAUDERDALE FL 33331 FILED May 11 1998 8:00am Secretary of State



10. Name and Address of New Registered Agent

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

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

Country

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SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typied or prieted trathe of requirement agent and title it haplicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.5 TITLE REED, JOHN L NAME 1.2 NAME 4730 SOUTHWEST 170 AVENUE STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33331 CITY-ST-7IP 1.4 C(TY+ST-7)P DELETE TITLE VD Change Addition 2.1 TITLE GAAB, ANDREW J NAME 2.2 NAME 4730 SOUTHWEST 170 AVENUE STREET ADDRESS 2.3 STREET ADORESS FORT LAUDERDALE FL 33331 CITY-ST-ZIP 2. 4 CHTY - ST - ZIP DELETE TITLE 31 TITLE Change Addition MCNEILL, CYNTHIA L 3.2 NAME 4730 SOUTHWEST 170 AVENUE STREET ADDRESS 3.3 STREET ADDRESS FORT LAUDERDALE FL 33331 CITY-ST-ZIP 3.4. CITY-ST-ZIP Change DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby 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.

CIGNATURE

4.20.08

954-434-1760