

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

FILED

Apr 09 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 # P97000013447					
1. Corporation Name Synergy Real Estate Partners, Inc.					
Principal Place of Business			Mailing Address		
1200 N. Fed. Hwy #200 Boca Raton, FL 33432			SAME		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 State, Apt. #, etc.		26 Suite, Apt. #, etc.		2/11/97	
22 City & State		27 City & State		3a. Date of Last Report	
23 Zip		28 Zip		2/11/97	
24 Country		29 Country		3b. Date of Last Report	
25		30		2/11/97	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
Christopher J. Rush 19035. Congress Ave. Ste 320, bldg #2 Boynton Bch, FL 33426			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 type: the printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
300002138633 -04/10/97--01004--036 ***165.00					
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 stated 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. 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: Lenne Ruzat Lenne Ruzat 3/31/97 561-447-8282					

CR2E034 (9/96)