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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700013447 (2)

SYNERGY REAL ESTATE PARTNERS, INC. Principal Place of Business Mailing Address 1200 N. FEDERAL HIGHWAY 1200 N. FEDERAL HIGHWAY SUITE 200 SUITE 200								DO NOT WRITE IN THIS SPACE	
Principal Place of Business 1200 N. FEDERAL HIGHWAY SUITE 200 BOCA RATON FL 33432 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 25 9. Name and Address of Curre RUSH, CHRISTOPHER J 1903 SOUTH CONGRESS AVE SUITE 320 BLDG 2 BOYNTON BEACH FL 33426 11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig SIGNATURE Signature, typed or printed name of registered agent. 12. OFFICERS AN		BOCA RATON FL 33432					ţ	3. Date Incorporated or Qualified	
									02/11/1997
									7,551101
Suite Apt # etc									
Suite, Apt. #, etc.				Suite, Apt. #, etc.			_		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State			28	⊢ ' " '					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	·				30	Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								10. Name and Address of New Registered Agent
						81	Nam	e	
, , , , , , , , , , , , , , , , , , , ,							Stree	t Addres	ss (P.O. Box Number is Not Acceptable)
BOYNTON BEACH FL 33426									
						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, typed	or printed name of registered age	O2/11/1997 2a. Mailing Address 4. FEI Number Applied For						
TITLE	PSD			DELETE	1	1.1 TITLE		T	☐ Change ☐ Addition
NAME	RUZAT.	LENNE'			1	1.2 NAME		1	

270 CAPTAINS WALK #315 STREET ADDRESS 1.3 STREET ADDRESS DELRAY BEACH FL 33483 CITY-ST-2IP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE ☐ Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address.

SIGNATURE:

FILED

Jan 15 1998 8:00am

Secretary of State