

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 DEC -4 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000037970

1. Corporation Name

SYNCHRONIZED DYNAMICS, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

April 29, 1997 (FILED)

4. FEI Number

05-0747913

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 860 Coral Ridge Dr

Suite, Apt. #, etc.

22 Suite 202

City & State

23 Coral Springs, FL

Zip

24 33071

Country

25 USA

2a. Mailing Address

26 860 Coral Ridge Dr

Suite, Apt. #, etc.

27 Suite 202

City & State

28 Coral Springs, FL

Zip

29 33071

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Phillip James

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

83 860 Coral Ridge Dr

84 Suite 202

City

Coral Springs

FL

85 Zip Code

33071

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

Phillip James

11/26/98

Signature, typed or printed name of registered agent and date if applicable.

(NOTE) Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

PN/ST/D

Albert James

860 Coral Ridge Dr, #202

Coral Springs, FL 33071

600002707486--7

-12/09/98-01074-002

****158.50

****158.50

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

ALBERT JAMES

11/28/98

(718) 707-0471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/98)



**Synchronized
Dynamics**

November 30, 1998

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed our 1997 Annual Report. This is the first year we have been in business and hence the first Annual Report we have filed. I did not receive a first or second notice to file, and until two or three weeks ago did not know that we were "administratively dissolved." I spoke with an S. Green at your office who sent me a blank form and instructed me to file it with this office, along with this letter indicating that I did not receive a first or second notice. Enclosed is the requested \$150 filing fee, plus the extra \$8.50 for a Certificate of Status.

Please verify that our address on file is correct and that the letter would have come directly to my attention. Our address is 860 Coral Ridge Drive, Suite 202, Coral Springs, FL, 33071. Please make sure that any correspondence with the corporation comes directly to my attention; sometimes our secretary will discard any mail with no addressee.

If you have any questions, please don't hesitate to contact me directly at (718) 707-0471 or via mail at either our Florida or New York address.

Thanking you,

Albert J. James, President
Synchronized Dynamics, Inc.

**Albert James
President & CEO**

e: ajames@sdyn.com
t: (718) 707-0471
f: (718) 707-0472
www.sdyn.com
34-23 41st Street
Suite 3L
Astoria, NY 11101