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 #

P97000096141 (1)

SYNDETIC RECOVERY SERVICES, INC.

Principal Place of Business	Mailing Address		a idanidat tra ibin (801; Abitt battt notit RDife	idiet deine tinit fifth fift iftes
752 WINFRED DRIVE	752 WINFRED DRIVE			
ORANGE PARK FL 32073	ORANGE PARK FL 32073		DO NOT WRITE IN TH	IS SPACE
			3. Date Incorporated or Qualified	
			11/10/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3480305	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State	City & State			Fee Required
23	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		Country	8. This corporation owes or has paid the	
24 25	29	30	Personal Property Tax due June 30.	Yes Jo
	ss of Current Registered Agent		10. Name and Address of New Registere	ed Agent
YOUNG, JUDY D		81 Name		
752 WINDFRED DRIVE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
ORANGE PARK FL 3207	3			
		83		
		84 City		85 Zip Code
			F	
11. Pursuant to the provisions of Sect-	ions 607.0502 and 607.1508, Florida Sta tute - in the State of Florida, Such change was a	s, the above-named corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered
agent. I am familiar with, and acce	ept the obligations of Section 607 0505, Flo	rida Stalutes.	tion a board of directors. I horoby decopt the c	ppomenoni as registerea
SIGNATURE				
<u></u>	of regelered agert and use if applicable (NOTE FFICERS AND DIRECTORS	Registered Agont signature requ	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
12. OF PRESIDENT		13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME JUOV O. YO	WWA	1.2 NAME		D susings D Automatic
NAME JUDY O. YOU STREET ADDRESS 752 WINFR	ED DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP ORANGE PARK	£/ =2^7	1.4 CITY - \$1 - ZIP		
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADORESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY+ST-ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CHY-ST-ZIP		
TITLE	☐ DELETÉ	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	LJ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREE1 ADDRESS		
CITY-ST-ZIP	T DELETE	5.4 CITY - ST - ZIP		Change Lader-
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 City-SI-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 cociover 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.

CICMATURE.

Judy D (Mina

March 30,1998

904-228-1901

FILED

Apr 22 1998 8:00am

Secretary of State