

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

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90003 022 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000039323			
1. Corporation Name SYNCOM, INC.			
Principal Place of Business 5404 NW 26TH PLACE GAINESVILLE FL 32606		Mailing Address 5404 NW 26TH PLACE GAINESVILLE FL 32606	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified	
21 601 S Main St		04/29/1998	
22 Suite, Apt. #, etc.		4. FEI Number	
23 Gainesville, FL		59-3518322	
24 32601 25 USA		Applied For Not Applicable	
26 601 S. Main St		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
27 Gainesville, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 Gainesville, FL		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29 32601 30 USA			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GAITHER, CLIFF 5404 NW 26TH PLACE GAINESVILLE FL 32606		81 Name Richard Clark	
		82 Street Address (P.O. Box Number is Not Acceptable) 601 S. Main St	
		83	
		84 City Gainesville, FL 85 Zip Code 32601	
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 Richard Clark		DATE 7/20/99	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		1.2 NAME Richard Clark	
STREET ADDRESS		1.3 STREET ADDRESS 601 S. Main St	
CITY-ST-ZIP		1.4 CITY-ST-ZIP Gainesville, FL 32601	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/99
Date

352-378-9998
Daytime Phone #

CR2E034 (11/98)