

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S26972 (7)

1. Corporation Name

SYLBUR, INC.

Principal Place of Business

Mailing Address

770 NORTHEAST 199TH STREET  
SUITE 106  
MIAMI FL 33179

770 NORTHEAST 199TH STREET  
SUITE 106  
MIAMI FL 33179



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/23/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0236873

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

GUDWIN, BURTON W  
220 NE 199 ST F106  
SUITE 303  
MIAMI FL 33179

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, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

GUDWIN, SYLVIA

STREET ADDRESS

770 NE 199TH ST F106

CITY-ST-ZIP

MIAMI FL

TITLE

D

☐ DELETE

NAME

GUDWIN, BURTON

STREET ADDRESS

770 NE 199TH ST F106

CITY-ST-ZIP

MIAMI FL

TITLE

D

☐ DELETE

NAME

GUDWIN, BURTON

STREET ADDRESS

770 NE 199TH ST F106

CITY-ST-ZIP

MIAMI FL

TITLE

D

☐ DELETE

NAME

GUDWIN, BURTON

STREET ADDRESS

770 NE 199TH ST F106

CITY-ST-ZIP

MIAMI FL

TITLE

D

☐ DELETE

NAME

GUDWIN, BURTON

STREET ADDRESS

770 NE 199TH ST F106

CITY-ST-ZIP

MIAMI FL

TITLE

D

☐ DELETE

NAME

GUDWIN, BURTON

STREET ADDRESS

770 NE 199TH ST F106

CITY-ST-ZIP

MIAMI FL

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96

305-652-8879

Date

Daytime Phone #

CR2E034 (12/95)