## 1-15-98 B-005 NC FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT FLORIDA DEPARTMENT OF STATE **FILED** CORPORATION Sandra B. Mortham ANNUAL REPORT Jan 30 1998 8:00 am Secretary of State 1998 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # (2)CYNTH, INC. Principal Place of Business Mailing Address 3270 OLEANDER WAY 3270 OLEANDER WAY POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/24/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0350455 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GAGLIANO, CYNTHIA A. 3270 OLEANDER WAY 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33062 83 84 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE GAGLIANO, CYNTHIA A. NAME 1.2 NAME 3270 OLEANDER WAY 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE GAGLIANO, WILLIAM A. NAME 2.2 NAME 3270 OLEANDER WAY STREET ADDRESS 2.3 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 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 CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS 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.

CITY-ST-ZIP

SIGNATURE:

**CR2E034**