

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000076777 (9)**

1. Corporation Name
SAYNCO, INC.



Principal Place of Business: **568 EAST WOOLBRIGHT ROAD BOYNTON BEACH FL 33435**
Mailing Address: **568 EAST WOOLBRIGHT ROAD BOYNTON BEACH FL 33435**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Subd. Apt. #, etc.	27	Subd. Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
10/19/1994	04/19/1995
4. FEI Number	Applied For
65-0526544	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SAYNE, MICHAEL
568 EAST WOOLBRIGHT ROAD
BOYNTON BEACH FL 33435**

10. Name and Address of New Registered Agent

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 607.0507 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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____
OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. NAME	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add to
12. STREET ADDRESS		12. NAME	
12. CITY, ST, ZIP	<input type="checkbox"/> DELETE	13. STREET ADDRESS	
12. NAME		14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. STREET ADDRESS		21. TITLE	
12. CITY, ST, ZIP	<input type="checkbox"/> DELETE	22. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		23. STREET ADDRESS	
12. STREET ADDRESS		24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. CITY, ST, ZIP	<input type="checkbox"/> DELETE	31. TITLE	
12. NAME		32. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. STREET ADDRESS		33. STREET ADDRESS	
12. CITY, ST, ZIP	<input type="checkbox"/> DELETE	34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		41. TITLE	
12. STREET ADDRESS		42. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. CITY, ST, ZIP	<input type="checkbox"/> DELETE	43. STREET ADDRESS	
12. NAME		44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. STREET ADDRESS		51. TITLE	
12. CITY, ST, ZIP	<input type="checkbox"/> DELETE	52. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		53. STREET ADDRESS	
12. STREET ADDRESS		54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. CITY, ST, ZIP	<input type="checkbox"/> DELETE	61. TITLE	
12. NAME		62. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. STREET ADDRESS		63. STREET ADDRESS	
12. CITY, ST, ZIP		64. 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 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 treasurer 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 in the attachment with an address.

SIGNATURE: *Michael Sayne*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)