Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90072 042 ****61.25

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # 743977 SINOS, INC.						,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
Principal Place 1516 HILLCRE SUITE 310 ORLANDO FL US		Mailing Address P O BOX 1563 ORLANDO FL 32802 US	O BOX 1563 RLANDO FL 32802							
21	Place of Business	2a. Mailing Address			3. Date Incorpor 08/18/1970		ilifed			
Suite, Apt		Suite, Apt. #, etc. 27 City & State			4. FEI Number 59-265519	9			Not	lied For Applicable
Zip Country		Zip Country			Certifcate of S Election Camp		cina _	·	3.75 Ad Fee Req 5.00 M	juired .
24	9. Name and Address of Curren		81 N		Trust Fund Co	ontribution	<u> </u>	Δ.	dded to	
SOWINSKI, JOHN G 1516 HILLCREST STREET SUITE 310 ORLANDO FL 32803				Name Street Addres	ss (P.O. Box Numb	er is Not Acc	ceptable)	85	Zip Co	ode
OUNCE OF I	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with and accept the obligat	ions of Section 617.0588, Florid	nonzed by the da Statutes.	e corporation.	's board of directors	tatement for s. I hereby a	ccept the	$\frac{219}{219}$	ing its regis	egistered stered
12.	Signature, typed or printed name of registered agent OFFICERS AND		tegistered Agent sig 13.	instrue redriked w	hen reinstating) ADDITIONS/CH	ANCES TO	DA		ECTOR	C IN 12
TITLE NAME STREET ADDRESS	PD HOOD, GLENDA E 400 S ORANGE AVE	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADD	DRESS	, Additional of		OTTICEN		nange	Addition
TITLE NAME	ORLANDO FL CD HINES, ANDREW H JR	DELETE	1.4 CITY-ST-ZIF 2.1 TITLE 2.2 NAME					Ct	lange	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	ST PETERSBURG FL VD	☐ DELETE	2.3 STREET ADE 2.4 CITY-ST-ZH 3.1 TITLE	i	<u> </u>			C	ange	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	GRANT, JOHN SR 610 WEST WATERS AVE. SUITE TAMPA FL	A	3.2 NAME 3.3 STREET ADD 3.4. CITY-ST-ZIF	.	•		-		-	
TITLE NAME STREET ADDRESS		☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADD	DRESS				□ch	ange	Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME					. □ Ch	ange	Addition
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADD 5.4 CITY-ST-ZIP	1						

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 617. 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS