2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000004850

1. Entity Name
SINCLAIR REAL ESTATE, INC

FILED
-Apr 26, 2004 08:00 AM
Secretary of State

Principal Place of Business

676 W. PROSPECT ROAD FT. LAUDERDALE, FL 33309 Mailing Address

676 W. PROSPECT ROAD FT. LAUDERDALE, FL 33309



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For Not Applied For Not Applied For Status Desired Status Server Status Page 1

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARCUS, JOEL 876 W. PROSPECT ROAD FT. LAUDERDALE, FL 33309

TITLE

NAME STREET ADDRESS CRY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

8. The above the obligat	a named entity submits this statement for the p tions of registered agent.	urpose of changing its registered office	e or r	egistered agent, or bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	applicable. (NOTE Registered Agent s	ignature	required when reinstating)	DATE
Fil. After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECT		TORS		·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MARCUS, JOEL 676 W. PROSPECT ROAD FT. LAUDERDALE, FL 33309				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U4/27/04-80030-012 150.00

DO NOT WRITE IN THIS SPACE

STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 exhaust this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE:			
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Ptions #