FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

04-20-1999 90017 010 ***150.00

1. Corporation	MENT # L57023 CONSTRUCTION, INC.							
SINICON CONSTRUCTION, INC.								
Principal Place	of Business	Mailing Address	_		(IND) IN THE STATE OF THE STAT	1911 61811 61611 91		
3038 JOHN YOU	JNG PKWG	3038 JOHN YOUNG PKWY						
SUITE 27		SUITE 27			DO NOT WRITE IN THIS	SPACE		
ORLANDO FL 32804 US		Orlando fl. 32804 US			3. Date Incorporated or Qualifed			
us		03			03/09/1990			
2. Principal Place of Business		2a, Mailing Address			4. FEI Number	Apr	plied For	
21		26		59-2997859	No	t Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 A		=	
22		27		5. Certifcate of Status Desired	Fee Re	quiréd	ı	
-City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	İ	
23		28		Trust Fund Contribution Added to Fees				
Zip Country		Zip Country		8. This corporation owes the current year In			į	
24	25	29 30	<u> </u>		Personal Property Tax.	Yes	□No	
	9. Name and Address of Currer	t Registered Agent	81	Name	10. Name and Address of New Registered	Agent		
SMITH, JASON			01	Name				i
		82	Street Addre	ess (P.O. Box Number is Not Acceptable)			ſ	
	0 N O'BRIEN ROAD /EY IN THE HILLS FL 34737		83					
11044	ET HE THE MILES TE 34737		63					l
			84	City	FI	85 Zip C	Code	l
		1007 4500 Flyida Statutas	the shou		pration submits this statement for the purpose o	- 1 1	registered	l
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	onzed by	the corporation	n's board of directors. I hereby accept the appo	intment as reg	gistered	
SIGNATURE							· · · · · · · · · · · · · · · · · · ·	i
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS			nt signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
12.	P OFFICERS AN	ND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERO A	Change	Addition	
TITLE	SMITH, JASON		1.2 NAME					
NAME	22140 N O'BRIEN ROAD	İ		T ADDRESS				
STREET ADDRESS	HOWEY IN THE HILLS FL		1.4 CITY-5					ĺ
CITY-ST-ZIP	V	☐ DELETE	2.1 TITLE	31-21		☐ Change	☐ Addition	l
NAME I	SMITH, DEBBIE	<u></u>	2.2 NAME				į	İ
STREET ADDRESS	22140 N O'BRIEN ROAD			T ADDRESS				ł
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CITY-ST-ZIP	•	34.0		ST-ZIP				ĺ
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NAME ;			4. 2 NAME	:				ĺ
STREET ADDRESS	:		4.3 STREE	TADORESS				ĺ
CITY-ST-ZIP	<u> </u>		4.4 CITY-8	ST-ZIP	<u> </u>			1
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NAME	T I		5.2 NAME				!	ļ
STREET ADDRESS	ADDRESS			TADDRESS			į	ĺ
CITY-ST-ZIP			5.4 CITY-S					
TITLE			6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					ĺ
STREET ADDRESS			6.3 STREET ADDRESS					l
CITY-ST-ZIP			64 CITY-S	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, with all other like empowered.

SIGNATURE:

407-290-3192