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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L87145

(3)

SINCERE ENTERPRISES. INC. OF TAMPA

Principal Place of Business 22037 BASS PLACE LAND O'LAKES FL 34639 US		Mailing Address 22037 BASS PLACE LAND O'LAKES FL 34839-4558 US		T 10041041 MB4 10441 1088) 41941 M1064 M414	Aimit Binis Minst Athli Athli Ainit	AIBII IRAL	
					Date Incorporated or Qualified 06/27/1990	3a, Date of Last R 05/01/1996	seport
·	Place of Business	2a. Mailing Address			4. FEI Number	}	oplied For
21	4	26 Cuita Ant # ata			59-3016628		ot Applicable
Suite, Apt	π, σιο	Suite, Apt. #, etc.			6. Certificate of Status Desired	\$8.75 / Fee Re	
City & State	е	City & State			6. Election Campaign Financing	\$5.00	May Be
23	T Country	28			Trust Fund Contribution	Added Added	
Zφ	Country 25	Zip 29	Country 30		8. This corporation has liability for in	ntangible tax under s Yes 🏻 No	. 199.032,
24	g. Name and Address of Cur		[30]		10. Name and Address of New Re		······································
CHC	OW, TAK		81	Name			
2200	37 BASS PLACE		82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)	
LAN	ID O'LAKES FL 34639		83	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
			84	City		las I va	Ondo
				City		FL	Code
11. Pursuant	to the provisions of Sections 607.0	35/32 and 6/17 15/08 Florida Statut	on the about			urnose of changing it	s registered
office or r	registered agent, or both, in the St	ate of Florida. Such change was a sligations of Section 607 0505. Fix	es, tile above authorized by orida Statutes	the corporati	ion's board of directors. I hereby accep	it the appointment as	registered
			es, the above authorized by orida Statutes	the corporati	oration submits this statement for the p ion's board of directors. I hereby accep		registered
office or r agent. La SIGNATURE	Signature, typed or printed name of registered	l agent and little if applicable (NOT	E: Registered Age		ed when reinstating)	9-29-97 DATE	
SIGNATURE	Signature, typed or printed name of registered OFFICERS	I agent and little if applicable (NOT AND DIRECTORS	E: Registered Age			9-29-97 DATE ERS AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered OFFICERS	l agent and little if applicable (NOT	E: Registered Age		ed when reinstating)	9-29-97 DATE	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS . PST CHOW, TAK	I agent and little if applicable (NOT AND DIRECTORS	E: Registered Age 13. 1.1 TITLE 1.2 NAME	nt signature require	ed when reinstating)	9-29-97 DATE ERS AND DIRECTOR	RS IN 12
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SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS. PST CHOW, TAK 22037 BASS PLACE LAND O'LAKES FL	I agent and little if applicable (NOT AND DIRECTORS	E: Registered Age 13. 1.1 TITLE 1.2 NAME	nt signature require	ed when reinstating)	9-29-97 DATE ERS AND DIRECTOR	RS IN 12
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14. I do 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.

6.3 STREET ADDRESS 6.4 CITY - ST- ZIP

SIGNATURE:

STREET ADDRESS

TOTAL CISTON
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-87 813-996-1013-

FILED

May 08 1997 8:00am

Secretary of State