

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENTATE
Sandra B. Mort
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L87145** (3)

1. Corporation Name
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 34639
US**

FILED
Apr 14 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1990

4. FEI Number

59-3016628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**CHOW, TAK
22037 BASS PLACE
LAND O'LAKES FL 34639**

1. Name

2. Street Address (P.O. Box Number is Not Acceptable)

4. City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **CHOW, TAK**
STREET ADDRESS **22037 BASS PLACE**
CITY-ST-ZIP **LAND O'LAKES FL**

1. NAME

2. STREET ADDRESS

3. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **CHOW, TAK**
STREET ADDRESS **22037 BASS PLACE**
CITY-ST-ZIP **LAND O'LAKES FL**

1. NAME

2. STREET ADDRESS

3. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. NAME

2. STREET ADDRESS

3. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. NAME

2. STREET ADDRESS

3. CITY-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. 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.

SIGNATURE:

TAK CHOW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0471313**

CR2E034 (10/97)