PROFIT CORPORATION . ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L94754

1. Corporation Name

SINISI & CONNARD, INC.

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90031 042 ***150.00

l :	e of Business	Mailing Address							
8000 PINES BLVD 8000 PINES BLVD PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024									
					2 Data Incorpora	DO NOT WRITE	E IN THIS SF	PACE	-
					3. Date Incorpora 08/16/1990	led or Qualifed			ĺ
.2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number			App	lied For
21		26			65-0217971		•		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of St	atus Desired		\$8.75 Ad Fee Red	
City & Stat	te .	City & State			6. Election Campa	nion Financino		\$5.00 N	
23	,	28			Trust Fund Cor			Added to	
Zip	Country	Zip	Country		8. This corporatio				
24	25	29 3	0		Personal Prope	•			□No
	9. Name and Address of Current	t Registered Agent	81	Name	10. Name and Ad	aress of New Ke	yıstered Ağ	BIIT	- '
COV	INARD, THOMAS								
C/O HOLLYWOOD HEIGHTS SHELL			82	82 Street Address (P.O. Box Number is Not Acceptable)				1	
	PINES BLVD		83					•	
PEM	IBROKE PINES FL 33024		84	City				85 Zip C	ode
	to the provisions of Sections 607.0502						FL		
	to the provisions of Sections 007.0002	z and our. 1500, Fiblida Statutes	, tric above		JOI POLATION SUDMING THE ST	atomont for the p	dibose of cit	anging its i	:
office or r agent. I a	registered agent, or both, in the State of im familiar with and accept the obligation	of Florida. Such change was aut fons of, Section 607.0505, Florid	horized by la Statutes	the corpo	ration's board of directors	Thereby accept	the appointm 35/99))	istered
office of r agent. I a SIGNATURE	Sloward hyped or printed name of registerer agent	t and title if applicable. (NOTE: R	horized by la Statutes egistered Ager	the corpo	ration's board of directors	3/	<u>عند 9 9</u>		
office or r agent. I a SIGNATURE	Signerure, typed or printed name of registerer agent	t and title if applicable. (NOTE: R	horized by la Statutes egistered Ager	the corpo	ration's board of directors required when reinstating) ADDITIONS/CH	3/ ANGES TO OFFI	DATE OF STATE	DIRECTOR	
office or r agent. I a SIGNATURE 12.	Slowfurd, lyped or printed name of registerer agent OFFICER'S ANI	t and title if applicable. (NOTE: R	horized by la Statutes egistered Ager	the corpo	ration's board of directors quired when reinstating ADDITIONS/CH	3/ ANGES TO OFFI RECTOR	DATE OF STATE		
office or r agent. I a SIGNATURE	Signature, typed or printed name of registerer agent OFFICERS AND OS CONNARD, THOMAS J.	t and title if applicable. (NOTE: R	egistered Ager 13. 1.1 TITLE 1.2 NAME	the corpo	ADDITIONS/CH PRESIDENT DI CONNACL, TH	ANGES TO OFFI RECTOR OMAS BLVD	DATE OF THE PROPERTY OF THE PR	DIRECTOR	
office or ragent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registerer agent OFFICERS AND OS CONNARD, THOMAS J.	t and title if applicable. (NOTE: R	egistered Ager 13. 1.1 TITLE 1.2 NAME	the corpo	ADDITIONS/CH PRESIDENT DE CONNACT, THE BOURFINES	ANGES TO OFFI RECTOR OMAS BLVD VALE	DATE OF THE PROPERTY OF THE PR	DIRECTOR	RS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registerer agent OFFICER'S ANI DS CONNARD, THOMAS J. 8000 PINES BLVD.	t and title if applicable. (NOTE: R	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET	the corpo	ADDITIONS/CH PRESIDENT DE CONNACT, THE BOURFINES PEMBFOSCE F	ANGES TO OFFI RECTUR OMA S BLVD WAS FL	DATE GOOD OF THE STREET OF THE	DIRECTOR	
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registerer agent OFFICER'S ANI DS CONNARD, THOMAS J. 8000 PINES BLVD.	t and title if applicable. (NOTE: R D DIRECTORS DELETE	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME	the corpo	ADDITIONS/CH PRESIDENT DE CONNACT, THE BOURFINES PEMBFOSCE F	ANGES TO OFFI RECTUR OMA S BLVD WAS FL	DATE GOOD OF THE STREET OF THE	DIRECTOR Change	RS IN 12
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registerer agent OFFICER'S ANI DS CONNARD, THOMAS J. 8000 PINES BLVD.	t and title if applicable. (NOTE: R D DIRECTORS DELETE	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET	the corpo	ADDITIONS/CH PRESIDENT DE CONNACT, TH BOUD PINES PEMBFOICE CONNACT, LIN SCORPINES CONNACT, LIN 8000 PINES 8000 PINES	ANGES TO OFFI RECTUR OMA S BLVD NAW FL COOR DAG	DAN 99 CERS AND	DIRECTOR Change	RS IN 12
office or ragent. I a agent. I a signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registere/ agent OFFICER'S ANI OFFICER'S ANI CONNARD, THOMAS J. 8000 PINES BLVD. PEMBROKE PINES FL	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	the corpo	ADDITIONS/CH PRESIDENT DE CONNACT, THE BOURFINES PEMBFOSCE F	ANGES TO OFFI RECTUR OMA S BLVD NAW FL COOR DAG	BOLY	DIRECTOR Change	RS IN 12
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	Signature, typed or printed name of registerer agent OFFICER'S ANI DS CONNARD, THOMAS J. 8000 PINES BLVD.	t and title if applicable. (NOTE: R D DIRECTORS DELETE	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.3 STREET 2.4 CITY-S 3.1 TITLE	the corpo	ADDITIONS/CH PRESIDENT DE CONNACT, TH BOUD PINES PEMBFOICE CONNACT, LIN SCORPINES CONNACT, LIN 8000 PINES 8000 PINES	ANGES TO OFFI RECTUR OMA S BLVD NAW FL COOR DAG	BOLY	DIRECTOR Change	RS IN 12 Addition
office or ragent. I a agent. I a signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registere/ agent OFFICER'S ANI OFFICER'S ANI CONNARD, THOMAS J. 8000 PINES BLVD. PEMBROKE PINES FL	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	the corpo	ADDITIONS/CH PRESIDENT DE CONNACT, TH BOUD PINES PEMBFOICE CONNACT, LIN SCORPINES CONNACT, LIN 8000 PINES 8000 PINES	ANGES TO OFFI RECTUR OMA S BLVD NAW FL COOR DAG	BOLY	DIRECTOR Change	RS IN 12 Addition
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	Signature, typed or printed name of registere/ agent OFFICER'S ANI OFFICER'S ANI CONNARD, THOMAS J. 8000 PINES BLVD. PEMBROKE PINES FL	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	the corpo	ADDITIONS/CH PRESIDENT DE CONNACT, TH BOUD PINES PEMBFOICE CONNACT, LIN SCORPINES CONNACT, LIN 8000 PINES 8000 PINES	ANGES TO OFFI RECTUR OMA S BLVD NAW FL COOR DAG	BOLY	DIRECTOR Change	Addition Addition
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registere/ agent OFFICER'S ANI OFFICER'S ANI CONNARD, THOMAS J. 8000 PINES BLVD. PEMBROKE PINES FL	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET	the corpo	ADDITIONS/CH PRESIDENT DE CONNACT, TH BOUD PINES PEMBFOICE CONNACT, LIN SCORPINES CONNACT, LIN 8000 PINES 8000 PINES	ANGES TO OFFI RECTUR OMA S BLVD NAW FL COOR DAG	BOLY	DIRECTOR Change	RS IN 12 Addition
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registere/ agent OFFICER'S ANI OFFICER'S ANI CONNARD, THOMAS J. 8000 PINES BLVD. PEMBROKE PINES FL	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME	the corpo	ADDITIONS/CH PRESIDENT DE CONNACT, TH BOUD PINES PEMBFOICE CONNACT, LIN SCORPINES CONNACT, LIN 8000 PINES 8000 PINES	ANGES TO OFFI RECTUR OMA S BLVD NAW FL COOR DAG	BOLY	Change Change	Addition Addition
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registerer ogeni OFFICER'S ANI DS CONNARD, THOMAS J. 8000 PINES BLVD. PEMBROKE PINES FL	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	IT ADDRESS	ADDITIONS/CH PRESIDENT DE CONNACT, TH BOUD PINES PEMBFOICE CONNACT, LIN SCORPINES CONNACT, LIN 8000 PINES 8000 PINES	ANGES TO OFFI RECTUR OMA S BLVD NAW FL COOR DAG	BOLY	Change Change	Addition Addition
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registerer ogeni OFFICER'S ANI DS CONNARD, THOMAS J. 8000 PINES BLVD. PEMBROKE PINES FL	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	IT ADDRESS	ADDITIONS/CH PRESIDENT DE CONNACT, TH BOUD PINES PEMBFOICE CONNACT, LIN SCORPINES CONNACT, LIN 8000 PINES 8000 PINES	ANGES TO OFFI RECTUR OMA S BLVD NAW FL COOR DAG	33014 CERS AND	Change Change Change	RS IN 12 Addition Addition
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registerer ogeni OFFICER'S ANI DS CONNARD, THOMAS J. 8000 PINES BLVD. PEMBROKE PINES FL	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	IT ADDRESS	ADDITIONS/CH PRESIDENT DE CONNACT, TH BOUD PINES PEMBFOICE CONNACT, LIN SCORPINES CONNACT, LIN 8000 PINES 8000 PINES	ANGES TO OFFI RECTUR OMA S BLVD NAW FL COOR DAG	33014 CERS AND	Change Change	Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signeture, typed or printed name of registerer ogeni OFFICER'S ANI DS CONNARD, THOMAS J. 8000 PINES BLVD. PEMBROKE PINES FL	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 TITLE 5.1 TITLE 4.3 STREET 5.1 TITLE	IT ADDRESS IT-ZIP	ADDITIONS/CH PRESIDENT DE CONNACT, TH BOUD PINES PEMBFOICE CONNACT, LIN SCORPINES CONNACT, LIN 8000 PINES 8000 PINES	ANGES TO OFFI RECTUR OMA S BLVD NAW FL COOR DAG	33014 CERS AND	Change Change Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS ANI DS CONNARD, THOMAS J. 8000 PINES BLVD. PEMBROKE PINES FL	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE	egistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME	IT ADDRESS	ADDITIONS/CH PRESIDENT DE CONNACT, TH BOUD PINES PEMBFOICE CONNACT, LIN SCORPINES CONNACT, LIN 8000 PINES 8000 PINES	ANGES TO OFFI RECTUR OMA S BLVD NAW FL COOR DAG	33014 CERS AND	Change Change Change	RS IN 12 Addition Addition

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 the aid 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 impowered to execute his 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. officer or director of the corporation or the receiver or trustee Block 12 or Block 13 if changed, or on an attachment with

6.2 NAME

6.3 STREET ADDRESS

6.4 CiTY-ST-ZIP

PS (250) 1 - 20193

NAME

STREET ADDRESS

RINTED NAME OF SIGNING OFFICER OR DIRECTOR